

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000013294

**FILED**  
**Mar 04, 2024**  
**Secretary of State**  
**6504478346CC**

**Entity Name:** STAR HIGH GOALS FOUNDATION INC

**Current Principal Place of Business:**

1385 DREW STREET  
APT 3  
CLEARWATER, FL 33755

**Current Mailing Address:**

1385 DREW STREET  
APT 3  
CLEARWATER, FL 33755

**FEI Number:** 92-1161543

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LAKE, SARAH  
1385 DREW STREET  
APT 3  
CLEARWATER, FL 33755 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name LAKE, SARAH  
Address 1385 DREW STREET APT 3  
City-State-Zip: CLEARWATER FL 33755

Title VP  
Name LAKE, STEVE  
Address 1385 DREW STREET APT 3  
City-State-Zip: CLEARWATER FL 33755

Title S  
Name DORIA, THOMAS  
Address 1385 DREW STREET APT 3  
City-State-Zip: CLEARWATER FL 33755

Title T  
Name LAKE, CASSIDY  
Address 1385 DREW STREET APT 3  
City-State-Zip: CLEARWATER FL 33755

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SARAH LAKE

P

03/04/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date