2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005
Secretary of State

DOCUMENT# 717398

Entity Name: THE STARTING PLACE, INC.

Current Principal Place of Business:

2057 COOLIDGE STREET
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

2057 COOLIDGE STREET
HOLLYWOOD, FL 33020

New Mailing Address:

351 N. STATE ROAD #7, SUITE 200
PLANTATION, FL 33317

FEI Number: 23-7047895 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STRAUSS, LYNN MS
17280 NE 19TH AVE.
N. MIAMI, FL 33162 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	STRAUSS, LYNN	
Address:	17280 NE 19TH AVE.	
City-St-Zip:	MIAMI, FL 33162	
Title:	S	( ) Delete
Name:	POLLACK, MS. GISELE ESQ	
Address:	9343 N.W. 10TH STREET	
City-St-Zip:	PLANTATION, FL 33332	
Title:	D	( ) Delete
Name:	SHAFFER, SHELDON,	
Address:	1000 N. NORTH LAKE DR.	
City-St-Zip:	HOLLYWOOD, FL	
Title:	D	( ) Delete
Name:	CASALE, MARK	
Address:	841 CYPRESS PT DR. E.	
City-St-Zip:	PEMBROKE PINES, FL	
Title:	VPD	( ) Delete
Name:	LESSARD, MARGE	
Address:	243 SW 15TH STREET	
City-St-Zip:	DANIA, FL 33004	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SHELDON SHAFFER D 01/06/2005
Electronic Signature of Signing Officer or Director — Date