

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725602

FILED
Apr 30, 2009
Secretary of State

Entity Name: STARLING SCHOOL AND DAY CARE CENTER, INC.

Current Principal Place of Business:

615-28TH STREET S
ST PETERSBURG, FL 33712

New Principal Place of Business:

Current Mailing Address:

615-28TH STREET S
ST PETERSBURG, FL 33712

New Mailing Address:

FEI Number: 59-1451196

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWARD BLACK, JENNIFER
4116 34 ST S
ST PETERSBURG, FL 33711 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: T/T () Delete
Name: STARLING, JIMMIE LEE
Address: 1782-58 CIRCLE SOUTH
City-St-Zip: ST PETERSBURG, FL

Title: VP/D () Delete
Name: CLOUD, JOHN M
Address: 2575 ROY HANNA DR. SO.
City-St-Zip: ST PETERSBURG, FL 33711

Title: P/D () Delete
Name: CLOUD, CAROLYN S
Address: 2575 ROY HANNA DR.
City-St-Zip: ST PETERSBURG, FL

Title: S/D () Delete
Name: STARLING, JANICE
Address: 2432 AUBRUN ST S
City-St-Zip: ST PETERSBURG, FL 33712

Title: VP () Delete
Name: WOLFE, KAREN II
Address: 2320-35 ST. SO.
City-St-Zip: ST. PETERSBURG, FL 33212

Title: VT () Delete
Name: HOWARD-BLACK, JENNIFER
Address: 1722 FAIRWAY AVE. SO.
City-St-Zip: SAINT PETERSBURG, FL 33712

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:

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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 exemption stated in Chapter 119, 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: CAROLYN CLOUD

P/D

04/30/2009

Electronic Signature of Signing Officer or Director

Date