

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # 728473

1. Entity Name
TWINKLE STAR CENTER, INCORPORATED



Principal Place of Business
**238 AMELIA AVENUE
DELAND, FL 32721 US**

Mailing Address
**P.O. BOX 1748
DELAND, FL 32721-1748 US**



03162007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1524211

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COLLINS, THADDEUS L
238 AMELIA AVENUE
DELAND, FL 32721**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000756207
05/23/07-80022-011 61.25**

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------|
| TITLE | CP |
| NAME | COLLINS, THADDEUS L |
| STREET ADDRESS | 216 GEORGETOWN |
| CITY-ST-ZIP | DAYTONA BEACH, FL |
| TITLE | VC |
| NAME | DONALD, BRYAN D |
| STREET ADDRESS | 854 CHERRY POINT DRIVE |
| CITY-ST-ZIP | JACKSONVILLE, FL |
| TITLE | BM |
| NAME | FRAZIER, THOMAS |
| STREET ADDRESS | 220 GARDEN STREET |
| CITY-ST-ZIP | DAYTONA STREET, FL |
| TITLE | BM |
| NAME | HOLLOWAY, RENEE |
| STREET ADDRESS | 1200 BEVILLE ROAD |
| CITY-ST-ZIP | DAYTONA BEACH, FL |
| TITLE | S |
| NAME | DONALD, AMGELA |
| STREET ADDRESS | 1253 BERRY STREET |
| CITY-ST-ZIP | QUINCY, FL |
| TITLE | BM |
| NAME | SMITH, BERNARD W |
| STREET ADDRESS | 144 PQEOT ROAD |
| CITY-ST-ZIP | DAYTONA BEACH, FL 32114 |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #