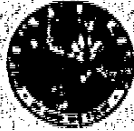


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

1995 JUL 11 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 753116 (3)**

1. Corporation Name  
**STAR FOUNDATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**P O BOX 11672  
ST. PETERSBURG FL 33733**

Mailing Address  
**P O BOX 11672  
ST. PETERSBURG FL 33733**

3. Date Incorporated or Qualified **06/25/1980** 3a. Date of Last Report **04/29/1994**

4. FEI Number **59-2086438** Applied For  Not Applicable

2. Principal Place of Business 2a. Mailing Address

5. Certificate of Status Desired  **\$0.75 Additional Fee Required**

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

22 City & State 27 City & State

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VAUGHN-JEMISON, ADELLE  
335 MADISON ST SO  
ST. PETERSBURG FL 33711**

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when resigning.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VAUGHN-JEMISON, ADELLE</b>	1.2 NAME	
STREET ADDRESS	<b>335 MADISON ST. SO.</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>ST. PETERSBURG FL</b>	1.4 CITY- ST- ZIP	
TITLE	<b>SD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PENNINGTON, CLARICE</b>	2.2 NAME	
STREET ADDRESS	<b>413-22ND AVENUE, S.E.</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>ST. PETERSBURG FL</b>	2.4 CITY- ST- ZIP	
TITLE	<b>TD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOOTMAN, THELMA</b>	3.2 NAME	
STREET ADDRESS	<b>2234-18TH ST SOUTH</b>	3.3 STREET ADDRESS	
CITY- ST- ZIP	<b>ST. PETERSBURG FL</b>	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Adelle Vaughn Jemison*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR  
**Adelle Vaughn Jemison**

7/7/95 (8/3) 327-9925  
LSP (Typed Name)