

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006193

Entity Name: S.T.A.R. W/TEENS, INC.

FILED  
Jan 06, 2004  
Secretary of State

## Current Principal Place of Business:

1885 LANKASHIRE CT  
ROCKLEDGE, FL 32955

## New Principal Place of Business:

## Current Mailing Address:

1885 LANKASHIRE CT  
ROCKLEDGE, FL 32955

## New Mailing Address:

P.O. BOX 560074  
ROCKLEDGE, FL 32956

FEI Number: 30-0025650

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILSON, MARY  
1885 LANKASHIRE CT  
ROCKLEDGE, FL 32955

## 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: PD ( ) Delete  
Name: WILSON, MARY  
Address: 1885 LANKASHIRE CT  
City-St-Zip: ROCKLEDGE, FL 32955

Title: VD ( ) Delete  
Name: MARSHALL, DICK  
Address: 586 DEERFIELD DR  
City-St-Zip: MELBOURNE, FL 32940

Title: TD ( ) Delete  
Name: KIRKLAND, KAREN  
Address: 1163 VESTAVIA CIRCLE  
City-St-Zip: MELBOURNE, FL 32940

Title: SD ( ) Delete  
Name: WILSON, BRIAN  
Address: P.O. BOX 560074  
City-St-Zip: ROCKLEDGE, FL 32956

Title: D ( ) Delete  
Name: NICOOLEMUS, RON  
Address: 1301 CAPE SABLE  
City-St-Zip: MELBOURNE, FL 32940

Title: D (X) Delete  
Name: BROWN, CHRISTINE  
Address: 1252 CREEKSIDE CIRLCE  
City-St-Zip: ROCKLEDGE, FL 32955

## 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:

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: MARY WILSON

PD

01/06/2004

Electronic Signature of Signing Officer or Director

Date