

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006193

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

FILED
Jun 30, 2005
Secretary of State

Current Principal Place of Business:

1885 LANKCASHIRE CT
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 560074
ROCKLEDGE, FL 32956

New Mailing Address:

FEI Number: 30-0025650 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WILSON, MARY
1885 LANKCASHIRE CT
ROCKLEDGE, FL 32955 US

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 LANKCASHIRE 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

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: D (X) Change () Addition
Name: NICOOLEMUS, RON
Address: 10301 GREENBRIAR COURT
City-St-Zip: ELLICOTT CITY, MD 21042

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

06/30/2005

Electronic Signature of Signing Officer or Director

Date