

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007822

FILED
Apr 28, 2008
Secretary of State

Entity Name: STARS CLUB, INC.

Current Principal Place of Business:

1519 STORMWAY CT.
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

1519 STORMWAY COURT
APOPKA, FL 32712

New Mailing Address:

FEI Number: 58-2670698

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HAYS, MARILYN F PD
1519 STORMWAY CT.
APOPKA,, FL 32712 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: PD () Delete
Name: HAYS, MARILYN F
Address: 1519 STORMWAY CT.
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: MCCAMY, MARGARET
Address: 830 WEST 25 STREET
City-St-Zip: SANFORD, FL 32771

Title: STD () Delete
Name: HAYS, JAMES M
Address: 1519 STORMWAY CT.
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: GALLOWAY, CARL
Address: 499 BRODVIEW AVE.
City-St-Zip: WINTER PARK, FL 3278

Title: D () Delete
Name: SULLIVAN, JACQUELINE
Address: 939 W 2ND AVE
City-St-Zip: WINDEMERE, FL 34786

Title: D () Delete
Name: ALLENDORF, SUSAN
Address: 10795 SPRINGBROOK LANE
City-St-Zip: ORLANDO, FL 32825

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: D (X) Change () Addition
Name: GALLOWAY, CARL
Address: 1950 KING ARTHUR CR
City-St-Zip: MAITLAND, FL 32751

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: MARILYN F. HAYS

PD

04/28/2008

Electronic Signature of Signing Officer or Director

Date