

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003594

FILED
Apr 07, 2008
Secretary of State

Entity Name: STARS/STRIVE OF PINELLAS COUNTY, INC.

Current Principal Place of Business:

300 31ST STREET NORTH
EAST BUILDING, SUITE #100
ST. PETERSBURG, FL 33713

New Principal Place of Business:

Current Mailing Address:

300 31ST STREET NORTH
EAST BUILDING, SUITE #100
ST. PETERSBURG, FL 33713

New Mailing Address:

FEI Number: 75-3160171 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SIMPKINS, KIMBERLY
300 31ST STREET NORTH
EAST BUILDING, SUITE #100
ST. PETERSBURG, FL 33713 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: D () Delete
Name: HILL, LUDELL
Address: 333 31 STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33713

Title: D () Delete
Name: VALENTI, DEBORAH
Address: 4250 66TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33709

Title: D () Delete
Name: PERRY, EDWARD
Address: 11457 ULMERTON ROAD
City-St-Zip: LARGO, FL 33778

Title: D () Delete
Name: DRAYTON, NATHANIEL
Address: 2867 62ND AVE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: D () Delete
Name: GODFREY, DEBORAH A
Address: 300 31ST STREET NORTH, STE 100
City-St-Zip: SAINT PETERSBURG, FL 33713

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:

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: DEBORAH A. GODFREY

E.D.

04/07/2008

Electronic Signature of Signing Officer or Director

Date