

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000334

FILED
Apr 20, 2009
Secretary of State

Entity Name: ALL-STAR CHILDREN'S FOUNDATION, INC.

Current Principal Place of Business:

5111 OCEAN BLVD.
SUITE C
SARASOTA, FL 34242 US

Current Mailing Address:

5111 OCEAN BLVD.
SUITE C
SARASOTA, FL 34242 US

New Principal Place of Business:

15 PARADISE PLAZA.
335
SARASOTA, FL 34239 US

New Mailing Address:

15 PARADISE PLAZA.
335
SARASOTA, FL 34239 US

FEI Number: 20-2182079

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FITZGERALD, PATRICIA
2224 CIRCLEWOOD DRIVE
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

WEINBERG, KIM
5020 CLARK ROAD #236
SARASOTA, FL 34233 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: KIM WEINBERG

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: MCGILLICUDDY, GRACI S
Address: 3827 FLAMINGO ROAD
City-St-Zip: SARASOTA, FL 34242 US

Title: D () Delete
Name: LIBERTORE, SCOTT
Address: 1400 MAIN STREET
City-St-Zip: SARASOTA, FL 34236 US

Title: D () Delete
Name: BAND, GREGORY S
Address: 1827 GROVE STREET
City-St-Zip: SARASOTA, FL 34239 US

Title: D () Delete
Name: WELLY, MICHAEL
Address: 442 GULF OF MEXICO DRIVE
City-St-Zip: LONGBOAT KEY, FL 34228 US

Title: PD () Delete
Name: DREWS, MATTHEW R
Address: 444 GULF OF MEXICO DRIVE
City-St-Zip: LONGBOAT KEY, FL 34228 US

Title: SD () Delete
Name: FAMIGLIO, JENNIE L
Address: 845 TROPICAL CIRCLE
City-St-Zip: SARASOTA, FL 34238

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:

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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: MATTHEW DREWS

PD

04/20/2009

Electronic Signature of Signing Officer or Director

Date