

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001082

FILED
Mar 25, 2008
Secretary of State

Entity Name: CHAKA'S STARS FOUNDATION, INC.

Current Principal Place of Business:

1491 SW 86TH AVENUE
OKEECHOBEE, FL 34974

New Principal Place of Business:

Current Mailing Address:

1491 SW 86TH AVENUE
OKEECHOBEE, FL 34974

New Mailing Address:

FEI Number: 20-8348641

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, CHAKA
1491 SW 86TH AVENUE
OKEECHOBEE, FL 34974 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: P () Delete
Name: SMITH, CHAKA
Address: 1491 SW 86TH AVENUE
City-St-Zip: OKEECHOBEE, FL 34974

Title: VP () Delete
Name: MCFARLANE, ALFREDA
Address: 1585 NE 5TH STREET
City-St-Zip: OKEECHOBEE, FL 34972

Title: VP () Delete
Name: MILLER, LASHAWN
Address: 2021 NW 7TH AVENUE
City-St-Zip: OKEECHOBEE, FL 34972

Title: T () Delete
Name: SMITH, SURAIYA
Address: 1491 SW 86TH AVENUE
City-St-Zip: OKEECHOBEE, FL 34974

Title: S () Delete
Name: NEAL, MARGIE
Address: PO BOX 921
City-St-Zip: OKEECHOBEE, FL 34972

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: CHAKA SMITH

P

03/25/2008

Electronic Signature of Signing Officer or Director

Date