

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000005431

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

**Entity Name:** STARS FOUNDATION, INC

**Current Principal Place of Business:**

8565 WEST MCNAB ROAD  
TAMARAC, FL 33321

**New Principal Place of Business:**

**Current Mailing Address:**

8565 WEST MCNAB ROAD  
TAMARAC, FL 33321

**New Mailing Address:**

**FEI Number:** 59-0637518

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAZARE, DIANE  
8565 WEST MCNAB ROAD  
TAMARAC, FL 33321 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  
Name: LAZARE, DIANE  
Address: 8565 WEST MCNAB ROAD  
City-St-Zip: TAMARAC, FL 33321

Title: D  
Name: GIBBONS, MARCIA  
Address: 8565 WEST MCNAB ROAD  
City-St-Zip: TAMARAC, FL 33321

Title: D  
Name: LAZARE, CLARK A  
Address: 8565 WEST MCNAB ROAD  
City-St-Zip: TAMARAC, FL 33321

I hereby 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 all other like empowered.

**SIGNATURE:** DIANE M. LAZARE

CEO

04/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date