

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005642

FILED  
Mar 09, 2009  
Secretary of State

Entity Name: STARR CENTER INC.

## Current Principal Place of Business:

115 N ORANGE ST.,  
PANAMA CITY BEACH, FL 32413

## New Principal Place of Business:

223 ALLEN AVENUE  
PANAMA CITY, FL 32401

## Current Mailing Address:

115 N ORANGE ST.,  
PANAMA CITY BEACH, FL 32413

## New Mailing Address:

P.O. BOX 937  
LYNN HAVEN, FL 32444

FEI Number: 20-8796038

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAMUELS, KATHRYN R PRESIDE  
115 N ORANGE ST  
PANAMA CITY BEACH, FL 32413 US

## Name and Address of New Registered Agent:

BOWEN, SUE DIRECTO  
223 ALLEN AVENUE  
PANAMA CITY, FL 32401 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: BOWEN, SUE

03/09/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: SAMUELS, KATHRYN  
Address: 115 N. ORANGE STREET  
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: SEC ( ) Delete  
Name: DURHAM, CAROL  
Address: 1819 MASSACHUSETTS  
City-St-Zip: LYNN HAVEN, FL 32444

Title: TREA ( ) Delete  
Name: TUCKER, BARBARA  
Address: 2101 W HWY 390  
City-St-Zip: LYNN HAVEN, FL 32444

Title: VP ( ) Delete  
Name: DEAN, CHARLOTTE  
Address: 1103 MICHIGAN AVE  
City-St-Zip: LYNN HAVEN, FL 32444

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TREA (X) Change ( ) Addition  
Name: WEEKELY, CANDY  
Address: 223 ALLEN AVENUE  
City-St-Zip: PANAMA CITY, FL 32401

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: BOWEN, SUE

DIRE

03/09/2009

Electronic Signature of Signing Officer or Director

Date