2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# N07000006851

Entity Name: STARKEY CENTER FOR NATURE AND COMMUNITY, INC.

Current Principal Place of Business:

12959 S.R 54
ODESSA, FL 33556 US

New Principal Place of Business:

Current Mailing Address:

12959 S.R 54
ODESSA, FL 33556 US

New Mailing Address:

FEI Number: 26-1357791 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEVICENTE, JOSE
12959 S.R. 54
ODESSA, FL 33556 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:	PRES	( ) Delete
Name:	STARKEY, LAURA L	
Address:	1207 E. POWHATAN AVE	
City-St-Zip:	TAMPA, FL 33604 US	
Title:	SEC	( ) Delete
Name:	OSTRENKO, WITOLD	
Address:	8015 THATCHER AVE	
City-St-Zip:	TAMPA, FL 33614 US	
Title:	DIR	( ) Delete
Name:	SUMPTER, DAVID E	
Address:	32846 KNOLLWOOD LANE	
City-St-Zip:	WESLEY CHAPEL, FL 33544 US	
Title:	TREA	( ) Delete
Name:	GUNDERSON, BRIAN	
Address:	1232 JASMINE LAKE DR	
City-St-Zip:	TARPON SPRINGS, FL 34689 US	
Title:	DIR	( ) Delete
Name:	JAY, EXUM	
Address:	120 NORTH ORANGE AVE	
City-St-Zip:	ORLANDO, FL 32801	
Title:	DIR	( ) Delete
Name:	DEVICENTE, JOSE	
Address:	12959 SR 54	
City-St-Zip:	ODESSA, FL 33556 US	

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:	
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: LAURA L STARKEY PRES 04/07/2009

Electronic Signature of Signing Officer or Director — Date