

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000011914

**FILED**  
**Mar 01, 2010**  
**Secretary of State**

**Entity Name:** NORTHSTAR RELIEF, INC.

**Current Principal Place of Business:**

1600 SW 24TH AVENUE  
FORT LAUDERDALE, FL 33312

**New Principal Place of Business:**

125 INDIAN COVE LN  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

1600 SW 24TH AVENUE  
FORT LAUDERDALE, FL 33312

**New Mailing Address:**

125 INDIAN COVE LN.  
PONTE VEDRA BEACH, FL 32082

**FEI Number:** 27-1410721

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DUNLAP, ALEXANDER  
1600 SW 24TH AVENUE  
FORT LAUDERDALE, FL 33312 US

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

JOHNSON, ANGELA  
125 INDIAN COVE LN  
PONTE VEDRA BEACH, FL 32082 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: ANGELA JOHNSON

03/01/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: DUNLAP, ALEXANDER  
Address: 300 W 5TH ST #527  
City-St-Zip: CHARLOTTE, NC 28202

Title: D  
Name: JOHNSON, ANGELA  
Address: 125 INDIAN COVE LANE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D  
Name: PONCE, EDDIE  
Address: 14553 STARBUCK SPRINGS WAY  
City-St-Zip: JACKSONVILLE, FL 32258

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: ALEXANDER DUNLAP

PD

03/01/2010

Electronic Signature of Signing Officer or Director

Date