FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

N95000002601 (1)

FLORIDA STARS FOR CHILDREN, INC.					
Principal Place of Business Mailing Address		Mailing Address		"	OFFIC O DIES BOUTH TENEN BULLE OFFICE FOR LODI
2621 MALL DR. 2621 MALL DR. SARASOTA FL 34231 SARASOTA FL 34231				EI# 59-33	
				3. Date Incorporated or Qualified 06/02/1995	3a. Date of Last Report
2. Principal Pla	ce of Business	2a. Mailing Address 26 3000-34 St	So. Suite E-1	39-33,28448	Applied For Not Applicable
Suite, Apt. #	, etc.	Sulte, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State	or FL	Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
23 Zip	Country	28 37 448/V	Country	This corporation has liability for in:	langible tax under s. 199.032,
24	25	28 33 1 2	o USP	Florida Statutes 10. Name and Address of New Re	
	9. Name and Address of Current	t Registered Agent	B1 Name	10. Name and Address of New He	Jistered Agent
151841 11	FROME O			(D.O. Day N. m. havis Mark Assessable	
LEVIN, JEROME S			82 Street Addre	ess (P.O. Box Number is Not Acceptable	1
2621 MALL DR. SARASOTA FL 34231			83		
onivoo	W. C. 0.201		84 City		FL 85 Zip Code
11 Purcurant to	o the provisions of Sections 617 0502	and 617 1508 Florida Statutes 1	he above-named corpora	ation submits this statement for the purp	ose of changing its registered office
or registers	ed agent, or both, in the State of Floric h, and accept the obligations of, Section	la. Such chance was authorized b	by the corporation's board	d of directors. I hereby accept the appol	ntment as registered agent. I am
	n, and accept the obligations of, Section	OH 017,0000, Florida Statutes.			
SIGNATURE _	Signature, typed or printed name of registered agent	and tilk if applicable. (NOTE: F	logistered Agent signature required		DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	PRESCHA, GENEVA		1.2 NAME		
STREET ADDRESS	2110 2ND AVE. EAST		1.3 STREET ADDRESS		
C+TY-ST-ZIP	PALMETTO FL 34221		1.4 CITY - ST - ZIP		Character Character
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	GOODEN, MONICA		2.2 NAME		
STREET ADDRESS	6700 30TH ST. SOUTH		2.3 STREET ADDRESS		ļ
CITY-ST-ZIP	ST. PETERSBURG FL 33712	DELETE	2.4 CITY-ST-ZIP		Change Addition
TITLE	D LANDENGE LENDY	Прини	3.1 TITLE 3.2 NAME		
NAME	LAWRENCE, HENRY	- 4007	3.3 STREET ADDRESS		
STREET ADDRESS	6330 GREEN VALLEY CIRCLE	E, #307			
CITY-ST-ZIP	CULVER CITY CA 90230	[] DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
TITLE NAME	D DDIDOEN IDENE	C. Decere	4. 2 NAME		
	PRIDGEN, IRENE		4.3 STREET ADORESS		
STREET ADDRESS CITY-ST-ZIP	6000 25TH WAY SARASOTA FL 3371		4.4 City - St - ZiP		
TITLE	SANASOTA IL SSITI	DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		· —-
STREET ADDRESS			5.3 STREET ADDRESS		İ
CITY-ST-ZIP			5.4 CiTY-ST-ZIP		
TITLE		DELETE	61 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
14. I do hereb	y certify that the information supplied	with this filing is voluntarily furnish	ed and does not qualify fo	or the exemption stated in Section 119.0	7(3)(k), Florida Statutes. I further

certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 3 if changed, or of a) attachment with an address.

SIGNATURE: _>