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Apr 08, 1999 8:00 am
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04-08-1999 90080 043 ****61.25

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N96000000735

1. Corporation Name

THE STARBURST FOUNDATION, INC.

Principal Place of Business

Mailing Address

340 GULF OF MEXICO DR., UNIT 111
 LONGBOAT KEY FL 34228

340 GULF OF MEXICO DR., UNIT 111
 LONGBOAT KEY FL 34228



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/07/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0640385	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	
Country		Country		30	

9. Name and Address of Current Registered Agent

HARRELL, DONALD J
 2033 MAIN ST.
 SUITE 300
 SARASOTA FL 34237

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINER, CAROLE A	1.2 NAME	
STREET ADDRESS	340 GULF OF MEXICO DR. #111	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONG BOAT KEY FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOURGEOIS, BARBARA	2.2 NAME	
STREET ADDRESS	5 OLD SHERMAN HILL RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WOODBURY CT	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUMAS, KEVIN L	3.2 NAME	
STREET ADDRESS	63 JUDDS BRIDGE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROXBURY CT	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLAUBER, JUDY	4.2 NAME	
STREET ADDRESS	1663 EAGLE VIEW COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRELL, DONALD J	5.2 NAME	
STREET ADDRESS	2033 MAIN ST, SUITE 300	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELEISH, RHONDA S	6.2 NAME	
STREET ADDRESS	100 SOUTH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFIELD CT 06430	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature Required
 3/29/99 2032664500

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