## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 19 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

N97000001368 (6)

**DOCUMENT #**1. Corporation Name THE STARTING PLACE FOUNDATION, INC. Principal Place of Business Mailing Address 2057 COOLIDGE STREET 2057 COOLIDGE STREET 3. Date Incorporated or Qualified HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 03/12/1997 4. FEI Number Applied For Not Applicable 2a. Mailing Address 2. Principal Place of Business \$8.75 Additional 5. Certificate of Status Desired 21 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 Yes Yes ☐ No Zip Country Zip Country 8. This corporation owes or has paid the current/year Intangible 24 Personal Property Tax due June 30. 25 **∏**Yes 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Kramer, robert M esq. 62 Street Address (P.O. Box Number is Not Acceptable) 4000 HOLLYWOOD BLVD. 83 SUITE 485 SOUTH HOLLYWOOD FL 33021 Zip Code Pursuant to the provisions of Seditions 617.0502 and 817.1508, 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** (NOTE: Registered Agent signature required when reinstating) applicable ured agent and tilk 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE ☐ Change 1.1 TITLE Addition LESSARD, MARGE NAME 1.2 NAME 2057 COOLIDGE STREET STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE ☐ Change Addition 2.1 TITLE TISHMAN, WILLIAM NAME 2.2 NAME 2057 COOLIDGE STREET STREET ADDRESS 2.3 STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE Change Addition 3.1 TITLE ZILEWICZ, EDWARD NAME 3.2 NAME STREET ADDRESS 2057 COOLIDGE STREET 3.3 STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 41 TITLE Channe Addition PLATT, MARSHALL NAME 4.2 NAME 2057 COOLIDGE STREET STREET ADDRESS 4.3 STREET ADDRESS **HOLLYWOOD FL 33020** 4.4 CITY - ST- ZIP CITY-ST-ZIP TITLE ☐ DELETÉ 5.1 TITLE Addition NAME KRAMER, ROBERT M 5.2 NAME 2057 COOLIDGE STREET STREET ADDRESS 5.3 STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME d 2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 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 of 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or pn an attachment with an address. appears in BOBERT M. KRAMER 15/0 - ノバリ