


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000002076	
1. Entity Name THE STAR CENTER PARTNERS FOR PROGRESS, INC.	

Principal Place of Business 7887 BRYAN DIARY RD. LARGO, FL 33777	Mailing Address 7887 BRYAN DIARY RD. LARGO, FL 33777
--	--

DO NOT WRITE IN THIS SPACE



01072004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3511749	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent MUSSMACHER, KEVIN 8020 114TH AVE., STE #3 LARGO, FL 33773

DO NOT WRITE
IN THIS SPACE

8. 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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>	DATE _____
--	------------

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MUSSMACHER, KEVIN 8020 114TH AVE., STE 3 LARGO, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HINTENACH, JOHN 7987 BRYAN DAISY RD. #100 LARGO, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WALKER, BARBARA 7935 114TH AVE. LARGO, FL 337735026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARONEY, DEBORAH 7887 BRYAN DAIRY RD STE 236 LARGO, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

000000001178
01/09/04-80031-020 61.25

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Barbara E. Walker</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>1-7-04</u> <small>Daytime Phone #</small>
--	--