


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 05, 2006 8:00 am
Secretary of State

04-27-2006 90182 041 ****61.25

DOCUMENT # N9800002076					
1. Entity Name THE STAR CENTER PARTNERS FOR PROGRESS, INC.					
Principal Place of Business 7887 BRYAN DAIRY RD. LARGO, FL 33777			Mailing Address 7887 BRYAN DAIRY RD. LARGO, FL 33777		
2. Principal Place of Business			3. Mailing Address		
Suits, Apt. #, etc.			Suits, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MUSSMACHER, KEVIN 8020 114TH AVE., STE #3 LARGO, FL 33773				Name <u>William E. Swartz</u>	
				Street Address (P.O. Box Number is Not Acceptable)	
				<u>7887 Bryan Dairy Rd Ste 100</u>	
				City <u>Largo</u> State <u>FL</u> Zip Code <u>33777</u>	
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 <u>William E Swartz President</u> DATE <u>5/30/06</u>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUSSMACHER, KEVIN		NAME	<u>William E Swartz Ph.D.</u>	
STREET ADDRESS	8020 114TH AVE., STE 3		STREET ADDRESS	<u>7887 Bryan Dairy Rd Ste 100</u>	
CITY-ST-ZIP	LARGO, FL 33773		CITY-ST-ZIP	<u>Largo, FL 33777</u>	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARONEY, DEBORAH		NAME	<u>Billy L. Lewis</u>	
STREET ADDRESS	7887 BRYAN DAIRY RD, STE 236		STREET ADDRESS	<u>7935 114th AVE (MTF)</u>	
CITY-ST-ZIP	LARGO, FL 33777		CITY-ST-ZIP	<u>Largo, FL 33773</u>	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESINSKI, CLAIRE B		NAME	<u>Claire B. Lesinski</u>	
STREET ADDRESS	7935 114TH AVE.		STREET ADDRESS	<u>7935 114th AVE</u>	
CITY-ST-ZIP	LARGO, FL 337735026		CITY-ST-ZIP	<u>Largo, FL 33773</u>	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESINSKI, CLAIRE B		NAME	<u>Deborah Maroney</u>	
STREET ADDRESS	7935 114TH AVE		STREET ADDRESS	<u>7887 Bryan Dairy Rd STE 236</u>	
CITY-ST-ZIP	LARGO, FL 33777		CITY-ST-ZIP	<u>Largo, FL 33773</u>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Claire B Lesinski</u> DATE <u>4/24/06</u> PHONE <u>727-549-7013</u>					
Signature and typed or printed name of signing officer or director					

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04242006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3511749 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required