

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000002076**

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**



03282007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3511749**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SWARTZ, WILLIAM E  
7887 BRYAN DAIRY RD STE 100  
SEMINOLE, FL 33777**

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME SWARTZ, WILLIAM E PHD  
STREET ADDRESS 7887 BRYAN DAIRY RD STE 100  
CITY-ST-ZIP SEMINOLE, FL 33777

TITLE VP  
NAME LEWIS, BILLY L  
STREET ADDRESS 7935 114TH AVE  
CITY-ST-ZIP LARGO, FL 33773

TITLE TD  
NAME LESINSKI, CLAIRE B  
STREET ADDRESS 7935 114TH AVE.  
CITY-ST-ZIP LARGO, FL 337735026

TITLE S  
NAME MARANEY, DEBORAH M  
STREET ADDRESS 7887 BRYAN DAIRY RD STE 236  
CITY-ST-ZIP LARGO, FL 33773

TITLE T  
NAME LESINSKI, CLAIRE B  
STREET ADDRESS 7930 114TH AVE  
CITY-ST-ZIP LARGO, FL 33773

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000698395  
04/19/07-80001-002 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

**4/6/07**

Date

**787-549-7013**

Daytime Phone #