2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002076

FILED Apr 09, 2009 Secretary of State

Entity Name: THE STAR CENTER PARTNERS FOR PROGRESS, INC.

Current Principal Place of Business: New Principal Place of Business:

7887 BRYAN DIARY RD. LARGO, FL 33777

Current Mailing Address: New Mailing Address:

7887 BRYAN DIARY RD. 7887 BRYAN DIARY RD STE 110

LARGO, FL 33777 LARGO, FL 33777

FEI Number: 59-3511749 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SWARTZ, WILLIAM E BEACH, DONALD

7887 BRÝAN DAIRY RD STE 100 7887 BRÝAN DAIRY RD STE 110 SEMINOLE, FL 33777 US LARGO, FL 33777 US

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.

SIGNATURE: DONALD BEACH 04/09/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: SWARTZ, WILLIAM E PHD Name: BEACH, DONALD

Address: 7887 BRYAN DAIRY RD STE 100 Address: 7887 BRYAN DAIRY RD, STE 110

City-St-Zip: SEMINOLE, FL 33777 City-St-Zip: LARGO, FL 33777

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 LEWIS, BILLY L
 Name:
 LEWIS, BILLY L

 Address:
 7995 114 AVE
 Address:
 7995 114 AVE

 City-St-Zip:
 SEMINOLE, FL 33777
 City-St-Zip:
 LARGO, FL 33773

Title: TD () Delete Title: () Change () Addition

 Name:
 LESINSKI, CLAIRE B
 Name:

 Address:
 7995 114 AVE
 Address:

 City-St-Zip:
 LARGO, FL 33773
 City-St-Zip:

 $\label{eq:title:S} {\sf Title:} \qquad {\sf S} \qquad {\sf ()} \ {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf S} \qquad {\sf (X)} \ {\sf Change} \ {\sf ()} \ {\sf Addition}$

 Name:
 MARONEY, DEBORAH
 Name:
 CORT, BARBARA

 Address:
 7887 BRYAN DAIRY RD STE 236
 Address:
 7975 114TH AVENUE

 City-St-Zip:
 LARGO, FL 33773
 City-St-Zip:
 LARGO, FL 33773

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAIRE B. LESINSKI TD 04/09/2009