2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Mailing Address

3. Mailing Address

City & State

Zip

P.O. BOX 170103

HIALEAH, FL 33017

Suite, Apt. #, etc.

DOCUMENT # N98000005496 STARKS CHARITABLE FOUNDATION, INC.

Country

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7IP

STARKS, CATHERINE

MIAMI, FL 33179

SIMMONS, JOE

765 NW 84 STREET

2601 NASSAU DRIVE

MIAMI, FL 33147

DAVIS, LIZENA

MIAMI, FL 33132

811 N.E. 199TH STREET, APT. #106

MIAMI, FL 33017

6761 ROYAL MELBOURNE DRIVE

FILED Feb 17, 2004 8:00 am Secretary of State

Not Applicable

Change

☐ Change

Change

☐ Addition

☐ Addition

Addition

_			
	02-17-2	2004 90016 028	****61.25
		540	07573
 02022004	Chg-NP	CR2E037 (10	0/03)
 4. FEI Numbe	er		Applied For

65-0864604

\$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STARKES, WILLIE 811 N.E. 199TH STREET, APT. #106 Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33179 Zip Code 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 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change ☐ Addition (SAME) NAME STARKS, DUANE NAME 6761 Royal Melbovane Dr. STREET ADDRESS 811 N.E. 199TH STREET, APT, #106 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33179 CITY-ST-ZIP MIAMI LAKES FL 33015 D TITLE ☐ Delete TITLE Change ☐ Addition (SAME) NAME STARKS, WILLIE NAME 6761 Royal Melbourne Dr. STREET ADDRESS 811 N.E. 199TH STREET, APT. #106 STREET ADDRESS CITY-ST-7IP MIAMI, FL 33179 CITY-ST-ZIP Miami LAKES FL 33015 TITI E TITLE ☐ Delete Change Addition (SAMË) NAME STARKS, SHARON, NAME. 6761 Royal Melbourne Dr 811 N.E. 199TH STREET, APT. #106 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33179 CITY-ST-ZIP Miami Lakes FL 33015

Country

MIAMIN FL 33056 12. Thereby 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

TITLE

NAME

TIDE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

(same)

(same)

JOHNSON, LORETTA

20743 NW 43 AVE KD

6761 Royal Melbourne Dr.

Miami Lakes, FL 33015

6761 Royal Melbourne Dr.

Miami Lakes, FL 3305

changed, or on an attachment with with all other like empowered SHARON SIGNATURE MINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

☐ Delete

☐ Delete

Delete