

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005496

FILED
May 31, 2007
Secretary of State

Entity Name: STARKS CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

6761 ROYAL MELBOURNE DRIVE
MIAMI, FL 33017

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 170103
HIALEAH, FL 33017

New Mailing Address:

FEI Number: 65-0864604 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

STARKES, WILLIE
811 N.E. 199TH STREET, APT. #106
MIAMI, FL 33179 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STARKS, DUANE
Address: 6761 ROYAL MELBOURNE DR.
City-St-Zip: MIAMI LAKES, FL 33015

Title: D () Delete
Name: STARKS, WILLIE
Address: 6761 ROYAL MELBOURNE DR.
City-St-Zip: MIAMI LAKES, FL 33015

Title: D () Delete
Name: STARKS, SHARON
Address: 6761 ROYAL MELBOURNE DR.
City-St-Zip: MIAMI LAKES, FL 33015

Title: D () Delete
Name: STARKS, CATHERINE
Address: 6761 LAKE MELBOURNE DR.
City-St-Zip: MIAMI LAKES, FL 33015

Title: D () Delete
Name: SIMMONS, JOE
Address: 6761 ROYAL MELBOURNE DR.
City-St-Zip: MIAMI LAKES, FL 33015

Title: D () Delete
Name: JOHNSON, LORETTA
Address: 20743 NW 43 AVE RD
City-St-Zip: MIAMI, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SHARON STARKS

D

05/31/2007

Electronic Signature of Signing Officer or Director

Date