

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005496

FILED  
Mar 25, 2009  
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:**

6761 ROYAL MELBOURNE DRIVE  
MIAMI, FL 33017

**FEI Number:** 65-0864604

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

STARKES, WILLIE M  
6761 ROYAL MELBOURNE DRIVE  
HIALEAH, FL 33017 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: WILLIE STARKS

03/25/2009

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  
Name:  
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

03/25/2009

Electronic Signature of Signing Officer or Director

Date