

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006230

FILED
Apr 29, 2009
Secretary of State

Entity Name: OPPORTUNITY PLUS FOR MINORITY STUDENT SUCCESS, INC.

Current Principal Place of Business:

1024 VISTA CAY COURT
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3318
APOLLO BEACH, FL 33572

New Mailing Address:

FEI Number: 80-0203240

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOWDEN, BOBBY L
1024 VISTA CAY COURT
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

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: P () Delete
Name: BOWDEN, BOBBY
Address: 1024 VISTA CAY COURT
City-St-Zip: BRANDON, FL 33511

Title: S () Delete
Name: BLUE, JOHN
Address: 1111 - 69TH STREET
City-St-Zip: TAMPA, FL 33619

Title: T () Delete
Name: PETWAY, KREDELLE
Address: 7611 NORRINGHILL SKY DRIVE
City-St-Zip: APOLLO BEACH, FL 33572

Title: AT () Delete
Name: SMILEY, RICHARD
Address: P.O. BOX 291368
City-St-Zip: TEMPLE TERRACE, FL 33687

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: PETWAY, KREDELLE
Address: 201 STAR SHELL DRIVE
City-St-Zip: APOLLO BEACH, FL 33572

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: BOBBY L. BOWDEN

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date