

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000008587

**FILED**  
**Jan 26, 2016**  
**Secretary of State**  
**CC9045274383**

**Entity Name:** STUDENTS HELPING ACHIEVE PHILANTHROPIC EXCELLENCE, INC.

**Current Principal Place of Business:**

21500 BISCAYNE BOULEVARD  
SUITE 503  
AVENTURA, FL 33180

**Current Mailing Address:**

21500 BISCAYNE BOULEVARD  
SUITE 503  
AVENTURA, FL 33180 US

**FEI Number: 20-0290080**

**Certificate of Status Desired: No**

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

PAPADAKIS, JOAN  
21500 BISCAYNE BOULEVARD  
SUITE 503  
AVENTURA, FL 33180 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

**Officer/Director Detail :**

Title D  
Name GORDON, MARK J  
Address 21500 BISCAYNE BOULEVARD  
SUITE 503  
City-State-Zip: AVENTURA FL 33180

Title D  
Name PAPADAKIS, JOAN  
Address 21500 BISCAYNE BOULEVARD  
SUITE 503  
City-State-Zip: AVENTURA FL 33180

Title D  
Name PLATT, NANCY  
Address 21500 BISCAYNE BOULEVARD  
SUITE 503  
City-State-Zip: AVENTURA FL 33180

Title D  
Name STUDNIK, STACY  
Address 21500 BISCAYNE BOULEVARD  
SUITE 503  
City-State-Zip: AVENTURA FL 33180

*I hereby 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 all other like empowered.*

**SIGNATURE: JOAN PAPADAKIS**

**D**

**01/26/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date