

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 27, 2009
Secretary of State

DOCUMENT# 737328

Entity Name: FLORIDA STUDENT ASSOCIATION, INC.**Current Principal Place of Business:**200 WEST COLLEGE AVE, STE 315
TALLAHASSEE, FL 32301 US**New Principal Place of Business:****Current Mailing Address:**200 WEST COLLEGE AVE, STE 315
TALLAHASSEE, FL 32301 US**New Mailing Address:****FEI Number:** 59-1673603**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**KRAMPERT, CHRISTOPHER
200 WEST COLLEGE AVE
STE 315
TALLAHASSEE, FL 32301 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:** MR () Delete
Name: KRAMPERT, CHRISTOPHER
Address: 200 WEST COLLEGE AVE
City-St-Zip: TALLAHASSEE, FL 32301**Title:** DC (X) Delete
Name: MEYER, ARTHUR J
Address: 200 WEST COLLEGE AVE
City-St-Zip: TALLAHASSEE, FL 32301**Title:** DVC (X) Delete
Name: BARNES, JOHN
Address: 200 WEST COLLEGE AVE
City-St-Zip: TALLAHASSEE, FL 32301**Title:** DVC (X) Delete
Name: ABRAHAM, COHEN
Address: 200 WEST COLLEGE AVE
City-St-Zip: TALLAHASSEE, FL 32301**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:

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: CHRISTOPHER KRAMPERT

MR

07/27/2009

Electronic Signature of Signing Officer or Director

Date