

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000943

FILED
Feb 10, 2009
Secretary of State

Entity Name: PROFESSIONAL OPPORTUNITIES PROGRAM FOR STUDENTS, INC.

Current Principal Place of Business:

1401 HARVARD STREET
ORLANDO, FL 32804

New Principal Place of Business:

925 W. CENTRAL BLVD
ORLANDO, FL 32805

Current Mailing Address:

1401 HARVARD STREET
ORLANDO, FL 32804

New Mailing Address:

925 W. CENTRAL BLVD
ORLANDO, FL 32805

FEI Number: 59-3697602

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAWKINS, WALTER
1401 HARVARD STREET
ORLANDO, FL 32804 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: DP () Delete
Name: HAWKINS, WALTER
Address: 1401 HARVARD ST
City-St-Zip: ORLANDO, FL 32804

Title: DT () Delete
Name: HARRIS, MONICA
Address: 631 SPICE TRADER WAY APTE
City-St-Zip: ORLANDO, FL 32818

Title: DT () Delete
Name: SPENCE, PETER
Address: 1100 SERISSA COURT
City-St-Zip: ORLANDO, FL 32818

Title: DV () Delete
Name: ATKINS-BRADLEY, VERNICE
Address: 1049 PETAL CT
City-St-Zip: ORLANDO, FL 32818

Title: DT () Delete
Name: MITCHELL, DWIGHT
Address: 13012 CRYSTAL COVE DRIVE
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DT (X) Change () Addition
Name: SMITH, JADA
Address: 1062 HARMONY LANE
City-St-Zip: ORLANDO, FL 34711

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

Title: DT (X) Change () Addition
Name: COOPER, AL
Address: 6646 CRENSHAW DRIVE
City-St-Zip: ORLANDO, FL 32835

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: WALTER HAWKINS

DP

02/10/2009

Electronic Signature of Signing Officer or Director

Date