

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005892

FILED
Jan 16, 2007
Secretary of State

Entity Name: STUDENT FARMWORKER ALLIANCE, INC.

Current Principal Place of Business:

215 F WEST MAIN ST.
IMMOKALEE, FL 34142

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 603
IMMOKALEE, FL 34143

New Mailing Address:

FEI Number: 33-1067943

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, MELODY
1107 NEW MARKET ROAD
IMMOKALEE, FL 34142 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: D () Delete
Name: CHAVEZ, GERARDO
Address: 215 F WEST MAIN ST.
City-St-Zip: IMMOKALEE, FL 34143

Title: D () Delete
Name: CORTEZ, FRANCISCA
Address: 215 F WEST MAIN ST.
City-St-Zip: IMMOKALEE, FL 34143

Title: D () Delete
Name: VAZQUEZ, CANDELARIO
Address: 215 F WEST MAIN ST.
City-St-Zip: IMMOKALEE, FL 34143

Title: D () Delete
Name: NORIEGA-GOODWIN, NATASHA
Address: 2412 LESPARRE WAY
City-St-Zip: COSTA MESA, CA 92627

Title: D () Delete
Name: PAYNE, BRIAN
Address: 2915 JAMES AVE S.
City-St-Zip: MINNEAPOLIS, MN 55408

Title: D () Delete
Name: PERDUE, BRENT
Address: 1107 NEW MARKET RD
City-St-Zip: IMMOKALEE, FL 34142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: REYES-CHAVEZ, GERARDO
Address: 215 F WEST MAIN ST.
City-St-Zip: IMMOKALEE, FL 34143

Title: D (X) Change () Addition
Name: SALUCIO-PEREZ, CRUZ
Address: 215 F WEST MAIN ST.
City-St-Zip: IMMOKALEE, FL 34143

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

Title: () Change () Addition
Name:
Address:
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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 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: BRENT PERDUE

D

01/16/2007

Electronic Signature of Signing Officer or Director

Date