2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2011
Secretary of State

DOCUMENT# N02000005892

Entity Name: STUDENT FARMWORKER ALLIANCE, INC.

Current Principal Place of Business:

110 S. 2ND ST.
IMMOKALEE, FL 34142

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 603
IMMOKALEE, FL 34143

New Mailing Address:

FEI Number: 33-1067623 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHORST, MEGHAN M
306 N. 20TH CT.
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
Name: KELSALL, PATRICK
Address: 1526 LOWELL BLVD.
City-St-Zip: DENVER, CO 80204

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

Title: D
Name: OBERNAUER, CHARLENE
Address: 315 SEIGEL ST. APT 217
City-St-Zip: BROOKLYN, NY 11206

Title: D
Name: REYES CHAVEZ, GERARDO
Address: 110 S. 2ND ST.
City-St-Zip: IMMOKALEE, FL 34142

Title: D
Name: RODRIGUES, MARC
Address: 225 N 2ND ST.
City-St-Zip: IMMOKALEE, FL 34142

Title: D
Name: VALLEJO, KANDACE
Address: 4925 BULL CREEK RD.
City-St-Zip: AUSTIN, TX 78731

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: MEGHAN M. COHORST D 01/11/2011
Electronic Signature of Signing Officer or Director Date