2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005892

FILED Apr 25, 2012 Secretary of State

Entity Name: STUDENT FARMWORKER ALLIANCE, INC.

Current Principal Place of Business: New Principal Place of Business:

110 S. 2ND ST.

IMMOKALEE, FL 34142

Current Mailing Address: New Mailing Address:

P.O. BOX 603

IMMOKALEE, FL 34143

FEI Number: 33-1067943 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

COHORST, MEGHAN M
306 N. 20TH CT.

IMMOKALEE, FL 34142 US

SAENZ, CLAUDIA
755 CRESTVIEW CIR
204

IMMOKALEE, FL 34142 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: CLAUDIA SAENZ 04/25/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: [

Name: PARKER, JOSEPH R

Address: 742 FIREBUSH CIRCLE APT. 205

City-St-Zip: IMMOKALEE, FL 34142

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:

Name: REYES CHAVEZ, GERARDO

Address: 110 S. 2ND ST.
City-St-Zip: IMMOKALEE, FL 34142

Title: D

Name: RODRIGUES, MARC

Address: 742 FIREBUSH CIRCLE APT. 205

City-St-Zip: IMMOKALEE, FL 34142

Title: [

Name: COHORST, MEGHAN M

Address: 17 JOY ST.

City-St-Zip: WALTHAM, MA 02451

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: CLAUDIA SAENZ D 04/25/2012