

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010742

FILED  
Apr 29, 2005  
Secretary of State

**Entity Name:** STUDENTS ASSOCIATION IN HUMAN VALUES, INC.

**Current Principal Place of Business:**

7933 BAYMEADOWS WAY  
SUITE 9  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

7933 BAYMEADOWS WAY  
SUITE 9  
JACKSONVILLE, FL 32256

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

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

GOMEZ, JENNIFER A  
7933 BAYMEADOWS WAY  
SUITE 9  
JACKSONVILLE, FL 32256 US

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

GOMEZ, JOSE M  
7933 BAYMEADOWS WAY  
SUITE 9  
JACKSONVILLE, FL 32256 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: JOSE M GOMEZ MD

04/29/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GOMEZ, JOSE M M.D.  
Address: 10150 BELLE RIVE BLVD. APT. 2806  
City-St-Zip: JACKSONVILLE, FL 32256 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 Section 119.07(3)(i), 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: JOSE M GOMEZ MD

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date