

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010742

FILED
Aug 16, 2007
Secretary of State

Entity Name: STUDENTS ASSOCIATION IN HUMAN VALUES, INC.

Current Principal Place of Business:

6817 SOUTHPOINT PARKWAY
SUITE 2303
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

6817 SOUTHPOINT PARKWAY
SUITE 2303
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 58-2678003 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GOMEZ, JOSE M
6817 SOUTHPOINT PARKWAY
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

GOMEZ, JOSE M
6817 SOUTHPOINT PARKWAY
SUITE 2303
JACKSONVILLE, FL 32216 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: _____

Electronic Signature of Registered Agent

08/16/2007

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOMEZ, JOSE M M.D.
Address: 9836 TRENDLE LANE
City-St-Zip: JACKSONVILLE, FL 32257 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GOMEZ, JOSE M M.D.
Address: 9638 TRENDLE LANE
City-St-Zip: JACKSONVILLE, FL 32257 US

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: JOSE MARIA GOMEZ MD

P

08/16/2007

Electronic Signature of Signing Officer or Director

Date