

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010941

FILED
Apr 29, 2007
Secretary of State

Entity Name: STUDENTS TAKING RESPONSIBILITY IN DEVELOPING EXCELLENCE, INC.

Current Principal Place of Business:

3420 PINESTEAD RD
PENSACOLA, FL 32505

New Principal Place of Business:

Current Mailing Address:

4771 BAYOU BLVD BOX 142
PENSACOLA, FL 325031906

New Mailing Address:

FEI Number: 03-0533724

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GILLEY, ALFONSA
8235 GROVELAND AVE
PENSACOLA, FL 32534 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: PD () Delete
Name: GILLEY, ALFONSA
Address: 8235 GROVELAND AVENUE
City-St-Zip: PENSACOLA, FL 32534

Title: VPD () Delete
Name: SMITH, JAMES E
Address: 1107 EAST SCOTT STREET
City-St-Zip: PENSACOLA,, FL 32503 US

Title: TR () Delete
Name: HAWKINS, DAVID
Address: 3481 MARCUS POINTE BLVD
City-St-Zip: PENSACOLA, FL 32505 US

Title: SEC () Delete
Name: SHELTON, RON
Address: 3420 PINESTEAD ROAD
City-St-Zip: PENSACOLA, FL 32505 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: () Change () Addition
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 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: ALFONSA GILLEY

PD

04/29/2007

Electronic Signature of Signing Officer or Director

_____ Date