## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000009182

## FILED Aug 30, 2005 8:00 am Secretary of State

08-30-2005 90031 042 \*\*\*\*61.25

1. Entity Nam STUDEN	T RESOURCES FOUNDATI	ON INC.							
Principal Place 7995 114Th LARGO, FL		Mailing Address 7995 114TH AVE LARGO, FL 33773				<b>50064</b> 059			
2 Principal F	Place of Business	2 Mailing A	ddenn						
Z. Principar F	Tace of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			08252005	08252005 Chg-NP CR2E037 (10/03)			
City & Ster	te	City & State			4. FEI Numb	-· <b>_</b>	7666		plied For Applicable
Zip	Country	Zip		Country	5. Certificate	of Status Desired		.75 Addi Required	
	6. Name and Address of Current F	legistered Age	ent		7. Name and	Address of New	Registered Age	nt	
CTCORE	PORATION SYSTEM			Name					
1200 SOU	ITH PINE ISLAND ROAD ION, FL 33324			Street Ad	idress (P.O. Box Numb	er is Not Acceptal	ble)		
1									
İ				City			FL	Zip Code	)
the obliga	e named entity submits this statement for tions of registered agent.	the purpose of	f changing its re	egistered office or r	registered agent, or bo	th, in the State of I	Florida. I am fam	itiar with, a	and accept
8. The above the obligation of the signature.	tions of registered agent.		, ,		registered agent, or bo	th, in the State of I	Florida. I am fam	diar with, a	and accept
the obligation	tions of registered agent.	nd title if applicable.	(NOTE: I	Registered Agent signature		le l		ayable to	
the obligation	Signature, typed or printed name of registered agent at  Filling Fee Is \$61.25	nd title if applicable.	(NOTE: I	Registered Agent signature	re required when reinstating)  \$5.00 May E Added to Fees	le l	DATE  Make check parorida Department	ayable to	ate
SIGNATURE  D  10.	Signature, typed or printed name of registered agent at  Filling Fee Is \$61.25  ue by September 7, 2005  OFFICERS AND DIRI	nd title if applicable.  9.  ECTORS	(NOTE: I	Registered Agent signature paign Financing ontribution.	re required when reinstating)  \$5.00 May E Added to Fees	Se Fi	Make check parorida Departme	ayable to	ate
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CMY-ST-ZIP

		RE:	

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SKINNING OFFICER OR DIRECTOR

☐ Delete

8/23/05 737-

737-5%- 5220 Daytime Phone #

☐ Change ☐ Addition