## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000010384

Entity Name: IGNITE STUDENT OUTREACH, INC.

FILED Mar 22, 2007 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

905 COPPERFIELD TERRACE 1005 MANCHESTER CIRCLE CASSELBERRY, FL 32707 WINTER PARK, FL 32792

Current Mailing Address: New Mailing Address:

905 COPPERFIELD TERRACE PO BOX 180068

CASSELBERRY, FL 32707 CASSELBERRY, FL 32718

FEI Number: 20-5605931 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:

LEADER, CHRIS

905 COPPERFIELD TERRACE
CASSELBERRY, FL 32707 US

LEADER, CHRIS
1005 MANCHESTER CIRCLE
WINTER PARK, FL 32792 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: 03/22/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

( ) Delete Title: P (X) Change ( ) Addition

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: LEADER, CHRIS P (X) Change ( ) Addition

Address: 905 COPPERFIELD TERRACE Address: 1005 MANCHESTER CIRCLE City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip: WINTER PARK, FL 32792

Title: S ( ) Delete Title: S (X) Change ( ) Addition

Name:LEADER, RICHARDName:LEADER, RICHARDAddress:905 COPPERFIELD TERRACEAddress:1005 MANCHESTER CIRCLECity-St-Zip:CASSELBERRY, FL 32707City-St-Zip:WINTER PARK, FL 32792

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRIS LEADER P 03/22/2007