

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005585

FILED  
Jan 17, 2009  
Secretary of State

Entity Name: FLORIDA STUDENT ATHLETES, INC.

**Current Principal Place of Business:**

7325 SATSUMA DRIVE  
PUNTA GORDA, FL 33955

**New Principal Place of Business:**

**Current Mailing Address:**

7325 SATSUMA DRIVE  
PUNTA GORDA, FL 33955

**New Mailing Address:**

FEI Number: 26-2808964

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SANDERS, SAMUEL A  
7325 SATSUMA DRIVE  
PUNTA GORDA, FL 33955 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: SANDERS, SAMUEL A  
Address: 7325 SATSUMA DRIVE  
City-St-Zip: PUNTA GORDA, FL 33955

Title: VP ( ) Delete  
Name: EVANS, CHRISTOPHER  
Address: 26310 BRIDGEWATER ROAD  
City-St-Zip: PUNTA GORDA, FL 33983

Title: ST ( ) Delete  
Name: HIGGINS, LARALEE  
Address: 24623 NOVA LANE  
City-St-Zip: PORT CHARLOTTE, FL 33980

**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:

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: SAMUEL A SANDERS

PD

01/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date