

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000005896

**FILED**  
**Jan 12, 2010**  
**Secretary of State**

**Entity Name:** STUDENTS WITHOUT BORDERS, INC

**Current Principal Place of Business:**

8787 SOUTHSIDE BLVD APT. 1111  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

13870 DEVAN LEE DRIVE NORTH  
JACKSONVILLE, FL 32226

**New Mailing Address:**

**FEI Number:** 26-1381666

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAVIES, MATTHEW  
13870 DEVAN LEE DRIVE NORTH  
JACKSONVILLE, FL 32226 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:** DP  
**Name:** O'NEIL, BENJAMIN  
**Address:** 9480 PRINCETON SQUARE BLVD SOUTH APT. 1001  
**City-St-Zip:** JACKSONVILLE, FL 32256

**Title:** DVP  
**Name:** ANDERSON, BRYAN G  
**Address:** 8787 SOUTHSIDE BLVD APT. 1111  
**City-St-Zip:** JACKSONVILLE, FL 32256

**Title:** DCP  
**Name:** DAVIES, MATTHEW  
**Address:** 13870 DEVAN LEE DRIVE NORTH  
**City-St-Zip:** JACKSONVILLE, FL 32226

I hereby 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 all other like empowered.

**SIGNATURE:** /MATTHEW DAVIES/

DCP

01/12/2010

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

\_\_\_\_\_  
Date