NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2002 8:00 am
Secretary of State
07-21-2002 90013 029 ****61.25

B0130271

DOCUMENT #

1. Entity Name: Students Turn Adversity Into Opportunity, Inc.

N99000001113

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
4424 N. University Dr.	P.O. Box 25588
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lauderhill, Fl.	City & State: Fort. Lauderdale
Zip: 33351 Country: USA	Zip: 33320 Country: USA

4. FEI Number: 650933541 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Donna C. Henry

Street Address (P.O. Box Number is Not Acceptable): 5100 NW. 64th terrace

City: Lauderhill FL Zip Code: 33319

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE SD NAME HENRY, Beernice STREET ADDRESS 5100 NW. 64th terrace CITY-ST-ZIP Lauderhill, Fl. 33319	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE SD NAME Zola MAE REED, Pastor STREET ADDRESS 1019 Louisiana AVE CITY-ST-ZIP Clewiston, Fl. 33440	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE CD NAME Sarah Heatherly STREET ADDRESS 2128 Kahiki Drive CITY-ST-ZIP Plantation Key, Fl. 33029	TITLE NAME STREET ADDRESS CITY-ST-ZIP **DO NOT WRITE**
TITLE MD NAME Booker Rhodes STREET ADDRESS 1020 NW. 185th Avenue CITY-ST-ZIP Pembroke Pines, Fl. 33029	TITLE NAME STREET ADDRESS CITY-ST-ZIP **IN THIS SPACE**
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 7/12/02 954-570-0311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #