

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001113

FILED  
Apr 07, 2004  
Secretary of State

**Entity Name:** STUDENTS TURN ADVERSITY INTO OPPORTUNITY, INC.

**Current Principal Place of Business:**

4444 N UNIVERSITY DRIVE  
LAUDERHILL, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 25588  
FT LAUDERDALE, FL 33320

**New Mailing Address:**

PO BOX 20655  
FT LAUDERDALE, FL 33320

**FEI Number:** 65-0933541

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HENRY, DONNA C  
5100 NW 64TH TERR  
LAUDERHILL, FL 33319 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: SD ( ) Delete  
Name: HENRY, BERNICE  
Address: 5100 NW 64TH TERR  
City-St-Zip: LAUDERHILL, FL 33319

Title: SD ( ) Delete  
Name: REED, ZOLA MAE  
Address: 1019 LOUISIANA AVE  
City-St-Zip: CLEWISTON, FL 33440

Title: CD ( ) Delete  
Name: HEATHERLY, SARAH  
Address: 2128 KAHIKI DRIVE  
City-St-Zip: PLANTATION KEY, FL 33029

Title: MD ( ) Delete  
Name: BOOKER, RHODES  
Address: 1020 NW 185TH AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33029

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: BUCHANAN, ELAINE PASTOR  
Address: 4454 NW 99TH TERRACE  
City-St-Zip: SUNRISE, FL 33351

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 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 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: BERNICE HENRY

SD

04/07/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date