

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001113

FILED
Apr 29, 2009
Secretary of State

Entity Name: STUDENTS TURN ADVERSITY INTO OPPORTUNITY, INC.

Current Principal Place of Business:

5957 ABBEY RD.
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

PO BOX 25214
FT LAUDERDALE, FL 33320

New Mailing Address:

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
5957 ABBEY RD
TAMARAC, FL 33321 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: P () Delete
Name: DONNA, HENRY PASTOR
Address: P.O. BOX 25214
City-St-Zip: TAMARAC, FL 33320

Title: SD () Delete
Name: BUCHANAN, ELAINE BISHOP
Address: 4454 NW. 99TH TERRACE
City-St-Zip: SUNRISE, FL 33351

Title: CD () Delete
Name: HEATHERLY-CRESS, SARAH
Address: 6713 WINTERSET GARDENS ROAD
City-St-Zip: WINTERHAVEN, FL 33884

Title: CD () Delete
Name: BUCHANAN, SAVIAN
Address: 4454 NW 99TH TERRACE
City-St-Zip: SUNRISE, FL 33351 US

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:

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: DONNA HENRY

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date