

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N99000001113

1. Entity Name
STUDENTS TURN ADVERSITY INTO OPPORTUNITY, INC.



Principal Place of Business
4444 N UNIVERSITY DRIVE
LAUDERHILL FL 33351

Mailing Address
PO BOX 25588
FT LAUDERDALE FL 33320

FILED
Jul 01, 2003 8:00 am
Secretary of State

07-01-2003 90040 015 ****61.25



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0933541

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENRY, DONNA C
5100 NW 64TH TERR
LAUDERHILL FL 33319

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Delete
NAME **HENRY, BERNICE**
STREET ADDRESS **5100 NW 64TH TERR**
CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **REED, ZOLA MAE**
STREET ADDRESS **1019 LOUISIANA AVE**
CITY-ST-ZIP **CLEWISTON FL 33440**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CD** ☐ Delete
NAME **HEATHERLY, SARAH**
STREET ADDRESS **2128 KAHIKI DRIVE**
CITY-ST-ZIP **PLANTATION KEY FL 33029**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MD** ☐ Delete
NAME **BOOKER, RHODES**
STREET ADDRESS **1020 NW 185TH AVENUE**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

6/20/03

CR2E037 (10/02)

Attachment #

**Student Turn Adversity Into Opportunity,
Inc.**

4444 N. University Drive
Lauderhill, Fl. 33351

90140530
N99000001113

June 20, 2003

Florida Dept of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Fl. 32302-1500

To whom it may concern;

Please accept this application for **Students Turn Adversity Into Opportunity, Inc.** I am late in filing and I can assure you that this will not happen again for the life of this company. Due to changes in the business we were late in filing and I apologize and I pray that you will accept this application for processing. I have spoken to your representative who assisted me via phone and inform me that I was able to file at this time.

Thank you,


Pastor Donna Henry