

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000008528

**FILED  
Apr 05, 2014  
Secretary of State  
CC5868806476**

**Entity Name:** OPAS, INC, OPPORTUNITY FOR THE PROFESSIONAL DEVELOPMENT OF AVIATION AND STEM CAREER

**Current Principal Place of Business:**

36887 PINE ST.  
HILLARD, FL 32046

**Current Mailing Address:**

P.O. BOX 26395  
JACKSONVILLE, FL 32226 US

**FEI Number: 27-4262071**

**Certificate of Status Desired: No**

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

LENARD, ROOSEVELT JR  
36887 PINE ST,  
HILLARD, FL 32046 US

*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

**Officer/Director Detail :**

Title            PRESIDENT, CEO  
Name            LENARD, ROOSEVELT JR  
Address        P.O. BOX 26395  
City-State-Zip: JACKSONVILLE FL 32226

Title            CFO, DIRECTOR  
Name            RAY, SHAWNETTA  
Address        P.O. BOX 26395  
City-State-Zip: JACKSONVILLE FL 32226

Title            DIRECTOR  
Name            WILLIE, GRIPPER JR  
Address        P.O. BOX 26395  
City-State-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: SHAWNETTA RAY

CFO / DIRECTOR

04/05/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date