

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000003008

Entity Name: STUDENT OCCUPATIONAL THERAPY ASSOCIATION, INC.

Current Principal Place of Business:

1 UNIVERSITY BLVD
ST. AUGUSTINE, FL 32086

Current Mailing Address:

1 UNIVERSITY BLVD
ST. AUGUSTINE, FL 32086 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MONTGOMERY, SHERI
1 UNIVERSITY BLVD
ST. AUGUSTINE, FL 32086 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: SHERI MONTGOMERY

04/02/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name HODGKINS, CALEIGH A
Address 1 UNIVERSITY BLVD
City-State-Zip: ST. AUGUSTINE FL 32086

Title VP
Name NOVIA, MEGAN
Address 1 UNIVERSITY BLVD
City-State-Zip: ST. AUGUSTINE FL 32086

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: CALEIGH HODGKINS

PRESIDENT

04/02/2014

Electronic Signature of Signing Officer/Director Detail

Date