


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90067 037 ****61.25

DOCUMENT # N04000001282	
1. Entity Name ACADEMY TRUST & BENEFIT FUND, INC.	

Principal Place of Business 10997 HAWK'S VISTA STREET HAWK'S LANDING PLANTATION, FL 33324	Mailing Address 10997 HAWK'S VISTA STREET HAWK'S LANDING PLANTATION, FL 33324
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



03072005 Chg-NP CR2E037 (10/03)

4. FEI Number 20-0722901	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHOEMAKER, WILLIAM E 2400 EAST LAS OLAS BLVD. PMB 120 FORT LAUDERDALE, FL 33301	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, DIRECTOR WILLIAM P. MCCAULEY 777 YAMATO RD. BOCA RATON, FL 33431	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR, SECRETARY JOSEPH P. CHOPEK 2400 E. LAS OLAS BLVD. PMB 111 FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR, TREASURER JERRY BALSLEY 9396 KEMPER GROVE LANE LOVELAND, OH 45140	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DOUG BISHOP P.O. BOX 707 TRAVERSE CITY, MI 49685	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BILL CLIFFORD P.O. BOX 30989 HONOLULU, HI 96820	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR WILLIAM C. CONKLE 3130 WILSHIRE BLVD, SUITE 500 SANTA MONICA, CA 90403	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ DATE: **3/11/05** DAYTIME PHONE #: **954-475-4798**

ATTACHMENT ~~20022734~~

Academy Trust & Benefit Fund, Inc. ~~N04000001282~~

2005 Not-For-Profit Corporation Annual Report

N04000001282

Schedule of Additional Directors

Director
Thomas P. Cruser
3633 Red Oak Court
New Orleans, LA 70131