

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 11, 2006
Secretary of State**

DOCUMENT# N04000001282

Entity Name: ACADEMY TRUST & BENEFIT FUND, INC.

Current Principal Place of Business:

10997 HAWK'S VISTA STREET
HAWK'S LANDING
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

10997 HAWK'S VISTA STREET
HAWK'S LANDING
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 20-0722301 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SHOEMAKER, WILLIAM E
2400 EAST LAS OLAS BLVD.
PMB 120
FORT LAUDERDALE, FL 33301 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/D () Delete
Name: MCCAULEY, WILLIAM P
Address: 777 YAMATO RD
City-St-Zip: BOCA RATON, FL 33431

Title: D/S () Delete
Name: CHOPEK, JOSEPH P
Address: 2400 E. LAS OLAS BLVD PMB 111
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D/T () Delete
Name: BALSLEY, JERRY
Address: 9396 KEMPER GROVE LANE
City-St-Zip: LOVELAND, OH 45140

Title: D () Delete
Name: BISHOP, DOUG
Address: PO BOX 707
City-St-Zip: TRAVERSE CITY, MI 49685

Title: D () Delete
Name: CLIFFORD, BILL
Address: PO BOX 30989
City-St-Zip: HONOLULU, HI 96820

Title: D () Delete
Name: CONKLE, WILLIAM C
Address: 3130 WILSHIRE BLVD SUITE 500
City-St-Zip: SANTA MONICA, CA 90403

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:

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 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: JOSEPH B. CHOPEK

S

07/11/2006

Electronic Signature of Signing Officer or Director

_____ Date