


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90077 043 \*\*\*\*61.25

<b>DOCUMENT # N04000001282</b> 1. Entity Name <b>ACADEMY TRUST &amp; BENEFIT FUND, INC.</b>			
Principal Place of Business <b>10997 HAWK'S VISTA STREET                  HAWK'S LANDING                  PLANTATION, FL 33324</b>		Mailing Address <b>10997 HAWK'S VISTA STREET                  HAWK'S LANDING                  PLANTATION, FL 33324</b>	
2. Principal Place of Business - No P.O. Box # <b>777 YAMATO RD</b> Suite, Apt. #, etc.		3. Mailing Address <b>2400 E. LAS OLAS BLVD.</b> Suite, Apt. #, etc. <b>PMB 126</b>	
City & State <b>BOCA RATON, FL</b> Zip <b>33431</b>		City & State <b>FORT LAUDERDALE, FL</b> Zip <b>33301</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>20-0722301</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SHOEMAKER, WILLIAM E                  2400 EAST LAS OLAS BLVD.                  PMB 120                  FORT LAUDERDALE, FL 33301</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25                  Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <b>MCCAULEY, WILLIAM P</b> <b>777 YAMATO RD</b> <b>BOCA RATON, FL 33431</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S <b>CHOPEK, JOSEPH P</b> <b>2400 E. LAS OLAS BLVD PMB 111</b> <b>FORT LAUDERDALE, FL 33301</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T <b>BALSLY, JERRY</b> <b>9396 KEMPER GROVE LANE</b> <b>LOVELAND, OH 45140</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BISHOP, DOUG</b> <b>PO BOX 707</b> <b>TRAVERSE CITY, MI 49685</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>CLIFFORD, BILL</b> <b>PO BOX 30989</b> <b>HONOLULU, HI 96820</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <del><b>GONKLE, WILLIAM G</b></del> <del><b>2150 WILCHIRE BLVD SUITE 500</b></del> <del><b>SANTA MONICA, CA 90402</b></del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		D <b>THOMAS P. CRUSER</b> <b>3633 RD OAK CT.</b> <b>NEW ORLEANS, LA 70131</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.			
<b>SIGNATURE: <i>W. E. Shoemaker</i> WILLIAM E. SHOEMAKER, CFO 4-30-07</b>		<b>954-489-9835</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

**ATTACHMENT**

**Academy Trust & Benefit Fund, Inc.**

40099682

**2007 Not-For-Profit Corporation Annual Report**

**N04000001282**

**Schedule of Additional Officers and Directors**

Chief Fiscal Officer  
William E. Shoemaker  
2400 E. Las Olas Blvd., PMB 120  
Fort Lauderdale, FL 33301