


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90237 003 \*\*\*150.00

**DOCUMENT # N04000001282**

1. Entity Name  
**ACADEMY TRUST & BENEFIT FUND, INC.**



Principal Place of Business  
**777 YAMATO RD  
 BOCA RATON, FL 33431**

Mailing Address  
**2400 E. LAS OLAS BLVD  
 PMB 126  
 FORT LAUDERDALE, FL 33301**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
**4850 NE 13TH AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**OAKLAND PARK, FL**

Zip Country

Zip Country  
**33334**

05012008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**20-0722301**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SHOEMAKER, WILLIAM E  
 2400 EAST LAS OLAS BLVD.  
 PMB 120  
 FORT LAUDERDALE, FL 33301**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**4850 NE 13TH AVE**

City **OAKLAND PARK, FL** Zip Code **33334**

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 *W. E. Shoemaker*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D MCCAULEY, WILLIAM P 777 YAMATO RD BOCA RATON, FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S CHOPEK, JOSEPH P 2400 E. LAS OLAS BLVD PMB 111 FORT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T BALSLY, JERRY 9396 KEMPER GROVE LANE LOVELAND, OH 45140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BISHOP, DOUG PO BOX 707 TRAVERSE CITY, MI 49685	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLIFFORD, BILL <del>PO BOX 30989</del> HONOLULU, HI 96820	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUSER, THOMAS P 3633 RED OAK CT NEW ORLEANS, LA 70131	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**750 W. BERKELEY AVE.  
 NORFOLK, VA 23423**

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.

SIGNATURE: *W. E. Shoemaker* **WILLIAM E. SHOEMAKER** **4/30/08** **954-489-9835**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

Academy Trust & Benefit Fund, Inc.

40096424

**2008 Not-For-Profit Corporation Annual Report**

**N04000001282**

## **Schedule of Additional Officers and Directors**

Chief Fiscal Officer  
William E. Shoemaker  
4850 NE 13<sup>th</sup> Avenue  
Oakland Park, FL 33334