

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003400

FILED
Feb 02, 2009
Secretary of State

Entity Name: ACADEMICAL VILLAGE RESEARCH AND EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

3301 COLLEGE AVENUE
FORT LAUDERDALE, FL 33314 US

New Principal Place of Business:

Current Mailing Address:

3301 COLLEGE AVENUE/ DR. GREG STIBER
LICENSURE OFFICE - APL
FORT LAUDERDALE, FL 33314 US

New Mailing Address:

FEI Number: 20-2618049 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JOHNSON, GARRY W ESQ.
110 SOUTHEAST 6TH STREET
15TH FLOOR
FT. 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: CDP () Delete
Name: PALMER, CHARLES
Address: 3301 COLLEGE AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33314 US

Title: D () Delete
Name: HANBURY, GEORGE L II, PHD
Address: 3301 COLLEGE AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33314 US

Title: DS () Delete
Name: LEVAN, SUSAN
Address: 3301 COLLEGE AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33314 US

Title: DT () Delete
Name: MARRINSON, RALPH
Address: 3301 COLLEGE AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33314 US

Title: D () Delete
Name: LOCHRIE, ROBERT
Address: 3301 COLLEGE AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33314 US

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:

I hereby certify that the information supplied with this filing does not qualify 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: GEORGE L. HANBURY, II, PH.D.

D

02/02/2009

Electronic Signature of Signing Officer or Director

_____ Date