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**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## N96000002506 (1) DOCUMENT # 1. Corporation Name

## THE ACADEMY FOUNDATION, INC.

Principal Place of Business Mailing Address

## **FILED** Apr 17 1997 8:00am Secretary of State



2911 SUNSET WAY ST. PETE BEACH FL 33706				2911 SUNSET WAY ST. PETE BEACH FL 33706-4134										
								3. D	ote Incorporate 05/09/199		3a. D	ate of L	ast Re	port
2. Principal	Place of Business	3	2a	. Mailing Address					El Number				App	olied For
21			26	P.O. Box 6	68.	<del>10</del>			<u> 59 - 33                                  </u>	7/240			Not	Applicable
Suite, Ap	t. #, etc.		27	Suite, Apt. #, etc.				5. C	ertificate of Sta	itus Desired		.,	. <b>75</b> A	dditional pulred
City & St	ate		28	City & State St. Peters bu	urg	Bea	ch	I .	lection Campa rust Fund Cont				.00 i	May Be Fees
Zip 24	25	Country	29	Zip 33736-689	10 30	Country	<i>y</i>	I .	his corporation lorida Statutes	has liability for		tax un No	der s.	199.032,
T.11		d Address of Cu	rrent Regi	stered Agent				10. N	lame and Add	ress of New R	egistered	Agent		
						81	Name							
	INE, JOAN A SUNSET WAY					82	Street	Address (P.O	). Box Number	is Not Accepts	ble)			
	TE BEACH FL 3	3706				83		···						
07.12	TE BEROTTE C					84	City				FI	85	Zip C	ode
11 Pureus	al to the provision	of Sections 617	0502 and	617 1508 Florida Ste	tutes t	the show	e-named	corporation s	submits this sta	stement for the		e	ning its	registered
office o	r registered agen	, or both, in the S	tate of Flor	617.1508, Florida Sta ida. Such change wa of, Section 617.0503,	s auth	orized by	y the corp	poration's bos	ard of directors	. I hereby acce	pt the ap	oolntme	nt as r	egistered
agent l	i am familiar with,	and accept the d	bugations (	or, Section 617.0503,	Fioria	a Statute	15.							
•														
SIGNATURE	Signatura broad as a	rinted name of registers	d agent and titl	la f applicable (1	INTE Pa	olstered &c	ent skroot re	somired when rel	inetetina)	<del></del>	DATE			
SIGNATUR	Signature, typed or s	rinted name of registere			NOTE: Re		ent signature	e required when rei		NGES TO OFFI	DATE CERS AN	D DIRE	CTOR	3 IN 12
SIGNATURE	Signature, typed or s		d agent and titl AND DIRE	CTORS	NOTE: Re	13.	ent signature	AD AD	DITIONS/CHA	NGES TO OFFI		D DIRE		
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12. TITLE NAME STREET ADDRES	D FORTUNE, s 2911 SUNS	OFFICERS  JOAN A  ET WAY	AND DIRE	CTORS	NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREE	1 ADDRESS	1811 Dear	ndi Pe Bria	arl htwate	CERS AN	₽ <b>∨/</b> 8	iange NE	Addition
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information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.



Daytime Phone # 0050312