

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90030 037 ****61.25

DOCUMENT # N28479

1. Entity Name
ACADEMIC EXCELLENCE FOUNDATION, INC.



Principal Place of Business
**5120 MENDENHALL DR
TAMPA, FL 33603 US**

Mailing Address
**5120 MENDENHALL DR
TAMPA, FL 33603 US**

54061864



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07062004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0079619

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOODARD, PERRY E Scott A. Corwin
502 S FREMONT AVENUE #1101
TAMPA, FL 33606

Name **Scott A. Corwin**

Street Address (P.O. Box Number is Not Acceptable)
10609 CARROLLBROOK WAY

Tampa

City

FL

Zip Code
33618

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-6-04
DATE

Filing Fee is \$61.25
Due by September 8, 2004

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 ☐ Delete
NAME **S/T**
STREET ADDRESS **WOOTTEN, JANET**
CITY-ST-ZIP **5618 GLENCREST BLVD
TAMPA, FL 33625**

TITLE ☐ Delete
NAME **T/T**
STREET ADDRESS **CONNER, DOUGLAS B**
CITY-ST-ZIP **4906 ST CROIX DR
TAMPA, FL 33629**

TITLE ☐ Delete
NAME **V/T**
STREET ADDRESS **RODRIGUEZ, DONNA**
CITY-ST-ZIP **894 ISLAND WAY
CLEARWATER, FL 33767**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **ERHARDT, BRUCE**
CITY-ST-ZIP **3904 KENWOOD AVENUE
TAMPA, FL 33611**

TITLE ☐ Delete
NAME **P/T**
STREET ADDRESS **GOETSCHUIS, HERB**
CITY-ST-ZIP **4117 SALTWATER BLVD.
TAMPA, FL 33615**

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **ELLISON, SAMUEL**
CITY-ST-ZIP **6101 SCHOONER WAY
TAMPA, FL 33615**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **T**
STREET ADDRESS **Scott A. Corwin**
CITY-ST-ZIP **10609 CARROLLBROOK WAY
TAMPA, FL 33618**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **T**
STREET ADDRESS **Judy Sinram**
CITY-ST-ZIP **9308 ROCKPORT
TAMPA, FL 33626**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **Scott A. Corwin**

7-6-04

813-870-1148

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Executive Director