


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90063 017 \*\*\*\*61.25

<b>DOCUMENT # N02000001617</b> 1. Entity Name <b>AKADEMIC FOUNDATION, INC.</b>					
Principal Place of Business <b>1630 NW 26 TERR. FT. LAUDERDALE, FL 33311</b>			Mailing Address <b>1630 NW 26 TERR. FT. LAUDERDALE, FL 33311</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>02-0572208</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PEARCEY, VICKIE 3891 SIENNA GREENS TERR. LAUDERHILL, FL 33319</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>LUMPKINS, BARBARA</b> <b>1116 NW 45TH AVENUE</b> <b>LAUDERHILL, FL 33313</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Jones, Sylvia</b> <b>4280 Banyan Trails Dr.</b> <b>Coconut Creek, FL 33073</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>HAMIN, AFRAH</b> <b>6801 NW 12TH STREET</b> <b>PLANTATION, FL 33313</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>RIDGEL, KEYSHAWN</b> <b>2850 N. OAKLAND FOREST DR., APT 212</b> <b>OAKLAND PARK, FL 33309</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>Welch, Rae Nicklos</b> <b>4907 Pelican Manor</b> <b>Coconut Creek, FL 33073</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>MCCINLEY, DELORES</b> <b>1630 NW 26 TERR.</b> <b>FORT LAUDERDALE, FL 33311</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ATD</b> <b>MCCUTCHEON, ROSALIND</b> <b>720 SW 3RD CT.</b> <b>DANIA, FL 33004</b>	<input type="checkbox"/> Delete	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"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Delores Y. McKinley</u> <u>Delores Y. McKinley</u> <u>3/18/8</u> <u>954 485-6896</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					