

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001617

Entity Name: AKADEMIC FOUNDATION, INC.**Current Principal Place of Business:**1830 N UNIVERSITY DRIVE
#274
PLANTATION, FL 33324**Current Mailing Address:**P. O. BOX 101231
FT. LAUDERDALE, FL 33310 US**FEI Number:** 02-0572208**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**AKADEMIC FOUNDATION INC
19422 NW 11 STREET
PEMBROKE PINES, FL 33029 US*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:** ADELINE ROBERTS-MORGAN

02/13/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	OSGOOD, ROSALIND
Address	1819 NW 3RD COURT
City-State-Zip:	FT. LAUDERDALE FL 33311

Title	VP
Name	MCKINLEY, DELORES
Address	1630 NW 26TH TERRACE
City-State-Zip:	FORT LAUDERDALE FL 33311

Title	ASST. TREASURER
Name	POLLOCK, JMAIE
Address	7220 SIENNA RIDGE DRIVE
City-State-Zip:	LAUDERHILL FL 33319

Title	TD
Name	ROBERTS-MORGAN, ADELINE
Address	1830 N UNIVERSITY DRIVE #274
City-State-Zip:	PLANTATION FL 33324

Title	SECRETARY
Name	GARY, SHAKIRA
Address	21217 NW 14TH PLACE UNIT 222
City-State-Zip:	MIAMI FL 33169

Title	ASST. SECRETARY
Name	CAMPBELL, LESLIE
Address	3979 NW 73RD WAY
City-State-Zip:	CORAL SPRINGS FL 33065

I hereby 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 all other like empowered.

SIGNATURE: ADELINE ROBERTS-MORGAN**TREASURER**

02/13/2023

Electronic Signature of Signing Officer/Director Detail

Date