

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001617

Entity Name: AKADEMIC FOUNDATION, INC.**Current Principal Place of Business:**3181 NW 5 STREET
LAUDERHILL, FL 33311**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:**WEBB, SHARONDA
3181 NW 5 STREET
LAUDERHILL, FL 33311 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:** SHARONDA WEBB

03/28/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VD
Name	FLOYD, JEANNIE
Address	5169 CHARDONNAY DRIVE
City-State-Zip:	CORAL SPRINGS FL 33067

Title	CD
Name	NICKLOS-WELCH, RAE
Address	4907 PELICAN MANOR
City-State-Zip:	COCONUT CREEK FL 33073

Title	SD
Name	LUMPKINS, BARBARA
Address	1116 NW 45TH AVENUE
City-State-Zip:	LAUDERHILL FL 33313

Title	TD
Name	WEBB, SHARONDA
Address	3181 NW 5TH STREET
City-State-Zip:	LAUDERHILL FL 33311

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

Title	ASST. SECRETARY
Name	THOMAS, RAYLENE
Address	1686 NW 56TH AVE
City-State-Zip:	LAUDERHILL FL 33313

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: SHARONDA WEBB**TREASURER**

03/28/2018

Electronic Signature of Signing Officer/Director Detail

Date