

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001617

Entity Name: AKADEMIC FOUNDATION, INC.**Current Principal Place of Business:**2613 SW 181ST TERRACE
MIRIMAR, FL 33029**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
2613 SW 181ST TERRACE
MIRIMAR, 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

02/06/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name LUCAS-MUMFORD, ANGELA
Address 2613 SW 181ST TERRACE
City-State-Zip: MIRIMAR FL 33029

Title TREASURER
Name HAMIN, AFRAH
Address 6801 NW 12TH STREET
City-State-Zip: PLANTATION FL 33313

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

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

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

Title ASST. SECRETARY
Name CHUNG-HOGG, KARLENE
Address 5961 LONDON LN
City-State-Zip: TAMARAC FL 33321

Title PRESIDENT
Name AUSTIN-SHIPPI, NIKKI
Address 4441 N FEDERAL HWY
UNIT 108
City-State-Zip: POMPANO BEACH FL 33064

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: ANGELA LUCAS-MUMFORD

DIRECTOR

02/06/2024

Electronic Signature of Signing Officer/Director Detail

Date