



**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000003069 1. Entity Name AMERICAN COLLEGE FOUNDATION, INC.	
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Principal Place of Business 2150 SOUTH OCEAN BLVD. #4A DELRAY BEACH, FL 33483	Mailing Address 2150 SOUTH OCEAN BLVD. #4A DELRAY BEACH, FL 33483
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DO NOT WRITE IN THIS SPACE



01272005 No Chg-NP CR2E037 (10/03)

4. FEI Number 51-0413197	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORTIMER, JOHN J
3601 N. MILITARY TRAIL
BOCA RATON, FL 33431

**DO NOT WRITE
IN THIS SPACE**

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 _____


Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP ROONEY, PATRICK J 1111 NORTH CONGRESS AVE. WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC ROSS, DONALD E 3601 N. MILITARY TRAIL BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MORTIMER, JOHN J 3601 N. MILITARY TRAIL BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENKE, MARY E 1500 SOUTH OCEAN BLVD., #801 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUDDY, MARGARET E 3601 N. MILITARY TRAIL BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROONEY, JOSEPH A 15109 JAMAICA DR. PALM BEACH GARDENS, FL 33410

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01/27/05-80049-011 701.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 	Secretary/Treasurer	1/28/05	561 237-7780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #