2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000000829

1. Entity Name
ACADEMY PREP CENTER OF ST. PETERSBURG, INC.

Principal Place of Business	Mailing Address
2301 22ND AVENUE SOUTH SAINT PETERSBURG, FL 33712	P O BOX 530512 ST. PETERSBURG, FL 33747-0512 US

03102006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-3623000
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, NANCY J
3146 68TH TERRACE SO
SAINT PETERSBURG, FL 33712

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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 Nancy J Thompson 3/13/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000475280
04/05/06-80008-015 61.25

10. OFFICERS AND DIRECTORS

TITLE	TR
NAME	FORTUNE, JEFFREY L
STREET ADDRESS	2805 SUNSET WAY
CITY-ST-ZIP	ST. PETERSBURG BEACH, FL 33706
TITLE	TR
NAME	SANSOME, THOMAS
STREET ADDRESS	15900 GULF BLVD
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708
TITLE	TR
NAME	MCCLOUD, LEROY A
STREET ADDRESS	2931 1ST AVE SO.
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712
TITLE	AS
NAME	THOMPSON, NANCY J
STREET ADDRESS	3146 68TH TERRACE SOUTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: _____ 3/13/06 727-866-1443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #