

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000000829

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



Principal Place of Business
2301 22ND AVENUE SOUTH
SAINT PETERSBURG, FL 33712

Mailing Address
P O BOX 530512
ST. PETERSBURG, FL 33747-0512 US



04252008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
FORTUNE, JEFFREY L
2805 SUNSET WAY
ST. PETERSBURG BEACH, FL 33708

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
SANSOME, THOMAS
15900 GULF BLVD
SAINT PETERSBURG, FL 33708

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
MCCLLOUD, LEROY A
2931 1ST AVE SO.
SAINT PETERSBURG, FL 33712

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
THOMPSON, NANCY J
3146 68TH TERRACE SOUTH
SAINT PETERSBURG, FL 33712

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000933016
05/22/08-80079-003 61.25

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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: Nancy J. Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-08

727-866-1443

Date

Daytime Phone #

Nancy J. Thompson, CFO