2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# N00000000829

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

Current Principal Place of Business:

2301 22ND AVENUE SOUTH
SAINT PETERSBURG, FL 33712

New Principal Place of Business:

Current Mailing Address:

P O BOX 530512
ST. PETERSBURG, FL 337470512 US

New Mailing Address:

FEI Number: 59-3623000 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	TR	( ) Delete
Name:	FORTUNE, JEFFREY L	
Address:	2805 SUNSET WAY	
City-St-Zip:	ST. PETERSBURG BEACH, FL 33706	
Title:	TR	( ) Delete
Name:	SANSOME, THOMAS	
Address:	15900 GULF BLVD	
City-St-Zip:	SAINT PETERSBURG, FL 33708	
Title:	TR	( ) Delete
Name:	MCCLOUD, LEROY A	
Address:	2931 1ST AVE SO.	
City-St-Zip:	SAINT PETERSBURG, FL 33712	
Title:	AS	( ) Delete
Name:	THOMPSON, NANCY J	
Address:	3146 68TH TERRACE SOUTH	
City-St-Zip:	SAINT PETERSBURG, FL 33712	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TR	(X) Change ( ) Addition
Name:	MARCELLI, LINDA	
Address:	2500 31ST AVE SO.	
City-St-Zip:	GULFPORT, FL 33707	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NANCY J THOMPSON AS 04/08/2009

Electronic Signature of Signing Officer or Director — Date