

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2005 8:00 am**  
**Secretary of State**

02-15-2005 90023 031 \*\*\*\*61.25

**DOCUMENT # N00000000830**



1. Entity Name  
**ACADEMY PREP CENTER OF MANATEE, INC.**

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

Mailing Address  
**PO BOX 530512  
ST PETERSBURG, FL 33747-0512**

**00010020**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-3623003**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 reconstituting)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	FORTUNE, JEFFREY L	
STREET ADDRESS	2805 SUNSET WAY	
CITY-ST-ZIP	ST. PETE BEACH, FL 33706	
TITLE	T	<input type="checkbox"/> Delete
NAME	ASHER, BENJAMIN E	
STREET ADDRESS	2301 22ND AVE. SO	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712	
TITLE	D	<input type="checkbox"/> Delete
NAME	KNOPIK, STEPHEN M	
STREET ADDRESS	PO BOX 25207	
CITY-ST-ZIP	BRADENTON, FL 34206	
TITLE	T	<input type="checkbox"/> Delete
NAME	Sansone, Thomas	
STREET ADDRESS	15900 Gulf Blvd.	
CITY-ST-ZIP	Redington Beach, FL 33708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fisher, Benjamin E	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, as empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-01-05

Date

727-866-1443

Daytime Phone #