

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007339

FILED  
Feb 14, 2005  
Secretary of State

**Entity Name:** THE MASTER'S ACADEMY FOUNDATION, INC.

**Current Principal Place of Business:**

13900 GRIFFIN RD.  
FT. LAUDERDALE, FL 33330

**New Principal Place of Business:**

**Current Mailing Address:**

13900 GRIFFIN RD.  
FT. LAUDERDALE, FL 33330

**New Mailing Address:**

**FEI Number:** 65-1063754

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VIRTUE, JAMES R  
13900 GRIFFIN RD.  
FT. LAUDERDALE, FL 33330 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: PD ( ) Delete  
Name: VIRTUE, JAMES R  
Address: 16702 N.W. 73RD CT.  
City-St-Zip: MIAMI, FL 33015

Title: VPD ( ) Delete  
Name: GARCIA, ULISES  
Address: 19347 NW 13TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: TD ( ) Delete  
Name: ROSENFELD, GINCY  
Address: 4069 PINWOOD LN  
City-St-Zip: WESTON, FL 33331

Title: SD ( ) Delete  
Name: GREENE, REGINA  
Address: 3972 SW 135TH AVENUE  
City-St-Zip: DAVIE, FL 33330

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES R. VIRTUE

PD

02/14/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date