

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000002499

1. Entity Name
LOOK AT THE FUTURE ACADEMY, INC.



Principal Place of Business
12601 NW 27 AVE, T-328
MIAMI, FL 33167 US

Mailing Address
12601 NW 27 AVE, T-328
MIAMI, FL 33167 US

FILED

2008 JAN 17 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01092008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
65-1095728

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KINSEY, WALTER
12601 NW 27 AVE, T-328
MIAMI, FL 33167

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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

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, 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	S KINSEY, SENECA T 16004 WEST LYN AVE CLANTON, FL 35045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KINSEY, WALTER 12601 NW 27 AVE, T-328 MIAMI, FL 33167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KINSEY, LAMAR 1777 NW 152 ST MIAMI, FL 33054
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #