


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90052 021 ****61.25

DOCUMENT # N02000001617

1. Entity Name
AKADEMIC FOUNDATION, INC.



Principal Place of Business
**1630 NW 26 TERR.
 FT. LAUDERDALE, FL 33311**

Mailing Address
**P O BOX 101231
 FT. LAUDERDALE, FL 33310**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
1630 NW 26 Terrace


Suite, Apt. #, etc.
Ft. Lauderdale

City & State
FL

Zip
33311

Country
USA

4000000



02202007 Chg-NP CR2E037 (12/06)

4. FEI Number
02-0572208

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MCFADDEN, LENORA
 2802 SW 128 WAY
 MIRAMAR, FL 33027**

7. Name and Address of New Registered Agent

Name
Pearcey, Vickie

Street Address (P.O. Box Number is Not Acceptable)
3891 Seaside Greens Terrace

City
Lauderhill

FL Zip Code
33309

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 *Vickie Pearcey*, Executive Director DATE **3/13/2007**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

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 NAME STREET ADDRESS CITY-ST-ZIP	CD LUMPKINS, BARBARA 1116 NW 45TH AVENUE LAUDERHILL, FL 33313 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAMIN, AFRAH 6801 NW 12TH STREET PLANTATION, FL 33313 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AUGUSTIN-BIRCH, PANAYOTTA 7366 NW 116 LANE PARKLAND, FL 33076 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PATTERSON-CLARKE, ANTOINETTE 18954 NW 91ST AVENUE HIALEAH, FL 33018 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Keyshawn Ridgel <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2850 N. Oakland Forest Drive Apt 212 Oakland Park, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Delores McKinley <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1630 N.W 26 Terr. Ft. Lauderdale, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD Rosalind McCutcheon <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 720 S.W 3rd. Ct. Dania Beach FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Barbara Lumpkins* DATE: **3-10-07** DAYTIME PHONE: **954-557-3082**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR