

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 14, 2004 8:00 am
Secretary of State

05-07-2004 90127 035 ****61.25

DOCUMENT # N02000009033	
1. Entity Name INSTITUTE OF ACADEMIC MASTERY, INC.	



Principal Place of Business 10950 N. 56TH ST. TAMPA FL 33617	Mailing Address 10950 N. 56TH ST. TAMPA FL 33617
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66427920



MOORE CR2E037 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 32-0045124	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DUHART, CLEMENTINE H 10950 N. 56TH ST. TAMPA FL 33617		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUHART, CLEMENTINE H P.O. BOX 291548 TAMPA FL 33687 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, EVELYN L 3720 MCBERRY ST. TAMPA FL 33610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GRANVILLE, CASSANDRA 3117 BENT CREEK DR. VALRICO FL 33594 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLAS, KAYDELL W 11431 GLENMONT DR. TAMPA FL 33635 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPEARMAN, BEATRICE W 2420 E. EMMA ST. TAMPA FL 33610 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director (D) William Morris Erickson 114 of LAURE PLACE Temple Terrace FL 33218 33617 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE: Clementine H. Duhart **3/15/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #