2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2006
Secretary of State

DOCUMENT# N02000009033

Entity Name: INSTITUTE OF ACADEMIC MASTERY, INC.

Current Principal Place of Business:

10950 N. 56TH ST.
TAMPA, FL 33617

New Principal Place of Business:

Current Mailing Address:

10950 N. 56TH ST.
TAMPA, FL 33617

New Mailing Address:

FEI Number: 32-0045124 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUHART, CLEMENTINE H
10950 N. 56TH ST.
TAMPA, FL 33617 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:	DUHART, CLEMENTINE H	
Address:	P.O. BOX 291548	
City-St-Zip:	TAMPA, FL 33687	
Title:	T	( ) Delete
Name:	PRICE, EVELYN L	
Address:	3720 MCBERRY ST.	
City-St-Zip:	TAMPA, FL 33610	
Title:	CD	( ) Delete
Name:	GRANVILLE, CASSANDRA	
Address:	3117 BENT CREEK DR.	
City-St-Zip:	VALRICO, FL 33594	
Title:	S	( ) Delete
Name:	DOUGLAS, KAYDELL W	
Address:	11431 GLENMONT DR.	
City-St-Zip:	TAMPA, FL 33635	
Title:	D	( ) Delete
Name:	SPEARMAN, BEATRICE W	
Address:	2420 E. EMMA ST.	
City-St-Zip:	TAMPA, FL 33610	
Title:	D	( ) Delete
Name:	ERICKSON, WILLIAM M	
Address:	1144 LAURE PLACE	
City-St-Zip:	TAMPA, FL 33617	

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:	
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 Chapter 119, 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: CLEMENTINE H DUHART P 02/04/2006

Electronic Signature of Signing Officer or Director — Date