

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009033

FILED
Mar 12, 2007
Secretary of State

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: CD (X) Change () Addition
Name: HUGHES, RAMONA
Address: 6104 20TH AVE. S
City-St-Zip: TAMPA, FL 33619

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

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

Title: D (X) Change () Addition
Name: ROBERTS, DELPHINE
Address: 8261 GETTY CT
City-St-Zip: SPRINGFIELD, VA 22153

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

PD

03/12/2007

Electronic Signature of Signing Officer or Director

Date