

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009033

FILED  
Feb 25, 2008  
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 (X)**

**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: HUGHES, RAMONA  
Address: 6104 20TH AVE. S  
City-St-Zip: TAMPA, FL 33619

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: ROBERTS, DELPHINE  
Address: 8261 GETTY CT  
City-St-Zip: SPRINGFIELD, VA 22153

**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 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

PRES

02/25/2008

Electronic Signature of Signing Officer or Director

Date