2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2009
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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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:	CD	(X) Change ( ) Addition
Name:	ALLEN, ALNNORA	
Address:	3009 18TH STREET	
City-St-Zip:	TAMPA, FL 33605	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	WILLIAMS, WANDA	
Address:	8302 RIVER OAKS CT	
City-St-Zip:	TAMPA, FL 33617	
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 DUHART PD 05/12/2009

Electronic Signature of Signing Officer or Director — Date