


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90077 043 ****61.25

DOCUMENT # N04000001282 1. Entity Name ACADEMY TRUST & BENEFIT FUND, INC.					
Principal Place of Business 10997 HAWK'S VISTA STREET HAWK'S LANDING PLANTATION, FL 33324			Mailing Address 10997 HAWK'S VISTA STREET HAWK'S LANDING PLANTATION, FL 33324		
2. Principal Place of Business - No P.O. Box # 777 YAMATO RD Suite, Apt. #, etc.		3. Mailing Address 2400 E. LAS OLAS BLVD. Suite, Apt. #, etc. PMB 126			
City & State BOCA RATON, FL Zip 33431		City & State FORT LAUDERDALE, FL Zip 33301		4. FEI Number 20-0722301 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04302007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent SHOEMAKER, WILLIAM E 2400 EAST LAS OLAS BLVD. PMB 120 FORT LAUDERDALE, FL 33301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D MCCAULEY, WILLIAM P 777 YAMATO RD BOCA RATON, FL 33431 <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/S CHOPEK, JOSEPH P 2400 E. LAS OLAS BLVD PMB 111 FORT LAUDERDALE, FL 33301 <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/T BALSLEY, JERRY 9396 KEMPER GROVE LANE LOVELAND, OH 45140 <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 BISHOP, DOUG PO BOX 707 TRAVERSE CITY, MI 49685 <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 CLIFFORD, BILL PO BOX 30989 HONOLULU, HI 96820 <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 GONKLE, WILLIAM O 2150 WILSHIRE BLVD SUITE 500 SANTA MONICA, CA 90402 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS P. CRUSER 3633 RFD OAK CT. NEW ORLEANS, LA 70131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>W. E. Shoemaker</i> WILLIAM E. SHOEMAKER, CEO 4-30-07 954-489-9835 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

Academy Trust & Benefit Fund, Inc.

40099682

2007 Not-For-Profit Corporation Annual Report

N04000001282

Schedule of Additional Officers and Directors

Chief Fiscal Officer
William E. Shoemaker
2400 E. Las Olas Blvd., PMB 120
Fort Lauderdale, FL 33301