


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90237 003 ***150.00

DOCUMENT # N04000001282	
1. Entity Name ACADEMY TRUST & BENEFIT FUND, INC.	

Principal Place of Business 777 YAMATO RD BOCA RATON, FL 33431	Mailing Address 2400 E. LAS OLAS BLVD PMB 126 FORT LAUDERDALE, FL 33301
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 4850 NE 13TH AVE.
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State OAKLAND PARK, FL
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Zip	Country	Zip	Country
		33334	



05012008 Chg-NP CR2E037 (12/06)

4. FEI Number 20-0722301	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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) 4850 NE 13TH AVE City OAKLAND PARK, FL Zip Code 33334
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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 *W. E. Shoemaker*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	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
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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 checked="" 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 30909 HONOLULU, HI 96820 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 750 W. BERKELEY AVE. NORFOLK, VA 23423
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUSER, THOMAS P 3633 RED OAK CT NEW ORLEANS, LA 70131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: *W. E. Shoemaker* **WILLIAM E. SHOEMAKER** **4/30/08** **954-489-9835**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

Academy Trust & Benefit Fund, Inc.

40096424

2008 Not-For-Profit Corporation Annual Report

N04000001282

Schedule of Additional Officers and Directors

Chief Fiscal Officer
William E. Shoemaker
4850 NE 13th Avenue
Oakland Park, FL 33334