

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90025 045 \*\*\*\*70.00

**DOCUMENT # N05000003400**

1. Entity Name  
ACADEMICAL VILLAGE RESEARCH AND EDUCATION  
FOUNDATION, INC.



Principal Place of Business  
3301 COLLEGE AVENUE  
FORT LAUDERDALE, FL 33314 US

Mailing Address Attn: Dr. Greg Stiber  
3301 COLLEGE AVENUE  
LICENSURE OFFICE - APL  
FORT LAUDERDALE, FL 33314 US

**50000129**



02052008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-2618049

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

JOHNSON, GARRY W ESQ.  
110 SOUTHEAST 6TH STREET  
15TH FLOOR  
FT. LAUDERDALE, FL 33301

**DO NOT WRITE  
IN THIS SPACE**

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

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. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CDP  
PALMER, CHARLES  
3301 COLLEGE AVENUE  
FORT LAUDERDALE, FL 33314

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
HANBURY, GEORGE L II, PHD  
3301 COLLEGE AVENUE  
FORT LAUDERDALE, FL 33314

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DS  
LEVAN, SUSAN  
3301 COLLEGE AVENUE  
FORT LAUDERDALE, FL 33314

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DT  
MARRINSON, RALPH  
3301 COLLEGE AVENUE  
FORT LAUDERDALE, FL 33314

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
LOCHRIE, ROBERT  
3301 COLLEGE AVENUE  
FORT LAUDERDALE, FL 33314

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

*George L. Hanbury II*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
George L. Hanbury II, Ph.D.

Date

Daytime Phone #

954-262-7555