

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012701

FILED
Aug 27, 2008
Secretary of State

Entity Name: ACADEMY FOR ETHICS IN FINANCIAL REPORTING, INC.

Current Principal Place of Business:

7040 HUNTERS KNOLL NE
ATLANTA, GA 30328

New Principal Place of Business:

Current Mailing Address:

7040 HUNTERS KNOLL NE
ATLANTA, GA 30328

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

MILLER, GIBBES U
440 MORRIS RD
MONTICELLO, FL 32344 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: D () Delete
Name: BLACK, HOMER A
Address: 4192 DIPLOMACY CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: MILLER, GIBBES U
Address: 440 MORRIS RD
City-St-Zip: MONTICELLO, FL 32344

Title: D () Delete
Name: BLACK, WILLIAM H
Address: 7040 HUNTERS KNOLL NE
City-St-Zip: ATLANTA, GA 30328

Title: D () Delete
Name: HILLISON, WILLIAM A
Address: 3539 KIMMER ROWE DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: D (X) Delete
Name: CALHOUN, CHARLES H
Address: 2080 OAK HAMMOCK DR
City-St-Zip: PONTE VEDRA, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BLACK, WILLIAM H
Address: 7040 HUNTERS KNOLL
City-St-Zip: SANDY SPRINGS, GA 30328

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CALHOUN, CHARLES H
Address: 2080 OAK HAMMOCK DR
City-St-Zip: PONTE VEDRA, FL 32082

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: WILLIAM H BLACK

DIR

08/27/2008

Electronic Signature of Signing Officer or Director

Date