

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28479

FILED  
Feb 22, 2009  
Secretary of State

**Entity Name:** ACADEMIC EXCELLENCE FOUNDATION, INC.

**Current Principal Place of Business:**

425 WEST DAVIS BOULEVARD  
TAMPA, FL 33606 US

**New Principal Place of Business:**

**Current Mailing Address:**

425 WEST DAVIS BOULEVARD  
TAMPA, FL 33606 US

**New Mailing Address:**

**FEI Number:** 65-0079619

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VASH, DALE W ESQ.  
501 EAST KENNEDY BOULEVARD  
SUITE 1700  
TAMPA, FL 33602 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: DP ( ) Delete  
Name: DIETZ, ROBERT  
Address: 425 WEST DAVIS BLVD  
City-St-Zip: TAMPA, FL 33606

Title: DVP ( ) Delete  
Name: GOETSCHUS, HERB  
Address: 4117 SALTWATER BLVD.  
City-St-Zip: TAMPA, FL 33615

Title: DT ( ) Delete  
Name: ROBERTO, ALBERT  
Address: 4419 CLOSE RIVER BLVD.  
City-St-Zip: VALRICO, FL 33594

Title: D ( ) Delete  
Name: MARTIN, STEVE  
Address: 5401 WEST WATERS  
City-St-Zip: TAMPA, FL

Title: D ( ) Delete  
Name: ERHARDT, BRUCE  
Address: 3904 KENWOOD AVENUE  
City-St-Zip: TAMPA, FL 33611

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: ROBERT DIETZ

DP

02/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date