

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 10 PH 2:15

DOCUMENT # **N48093** (1)

1. Corporation Name
ACADEMY OF ENTREPRENEURSHIP, INC.

Principal Place of Business Mailing Address
1800 HWY. U.S.1 VERO BEACH FL 32960 **P.O. BOX 266 VERO BCH. FL 32961**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/25/1992	3a. Date of Last Report 04/06/1994
4. FEI Number 59-0311743	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 1800 HWY. U.S. 1
22 City & State	27 VERO BEACH - FL. 32960
23 Zip	28 32960
24 Country	29 FL

9. Name and Address of Current Registered Agent
**ANDERSON, TAMMY
818 DAHLIA LN.
VERO BEACH FL 32963**

10. Name and Address of New Registered Agent

B1 Name	John Prest
B2 Street Address (P.O. Box Number is Not Acceptable)	906 Holoma Drive
B3 City	VERO BEACH - FL
B4 Zip Code	32963

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0305, Florida Statutes.

SIGNATURE: *John Prest* **John Prest - Chairman** DATE: **1-26-95**

12. OFFICERS AND DIRECTORS

TITLE	C
NAME	FAIRCHILD, CHARLES
STREET ADDRESS	225 INDIAN HARBOR RD.
CITY-ST-ZIP	VERO BCH. FL 32963
TITLE	D
NAME	DAVIS, SAM
STREET ADDRESS	900 E. PRIMO VISTA BLVD.
CITY-ST-ZIP	PT. ST. LUCIE FL 34952
TITLE	D
NAME	ANDERSON, TAMMY
STREET ADDRESS	818 DAHLIA LN.
CITY-ST-ZIP	VERO BCH. FL 32963
TITLE	D
NAME	RICHARDSON, DAN
STREET ADDRESS	1626 90TH AVE.
CITY-ST-ZIP	VERO BCH. FL 32960
TITLE	S
NAME	HERZOG, MARY BETH
STREET ADDRESS	855 DAHLIA LN.
CITY-ST-ZIP	VERO BCH. FL
TITLE	T
NAME	WADDELL, GENE
STREET ADDRESS	8155 25TH ST.
CITY-ST-ZIP	VERO BCH. FL 32960

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	John Prest	
1.3 STREET ADDRESS	906 Holoma Drive	
1.4 CITY-ST-ZIP	VERO BEACH - FL. 32963	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lorraine Rau	
2.3 STREET ADDRESS	1796 SEA GROVE DRIVE	
2.4 CITY-ST-ZIP	VERO BEACH - FL. 32963	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Marylyn Rogers	
3.3 STREET ADDRESS	64 WOODLAND DRIVE #102	
3.4 CITY-ST-ZIP	VERO BEACH - FL. 32962	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Bob Brand	
5.3 STREET ADDRESS	405 LIVE OAK ROAD.	
5.4 CITY-ST-ZIP	VERO BEACH - FL. 32963	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John Prest* **John Prest** DATE: **1-26-95** **401-770-2665**