FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

N48093

FILED Feb 27 1997 8:00am Secretary of State

DOCUMENT # N48093 (1) ACADEMY OF ENTREPRENEURSHIP, INC.										
Principal Place of Business Mailing Address						f ifitiing til bingt ifili bailf bailf ifiles it	41 61911 614	,,, 04014 61616 6		
1800 HWY, U.S.1 VERO BEACH FL 32960 VERO BEACH FL 32960-5416 US										
		V				3. Date Incorporated or Qualified 03/25/1992	3a. Da	01/26/19	Report 96	
Principal Place of Business Address Address						4. FEI Number 59-3117743	FEI Number Applied Fo			
26 Suite, Apt. #, etc. Suite, Apt. #, etc.									ot Applicable Additional	
22 27						5. Certificate of Status Desired		·	equired	
City & State	e	City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution			to Fees	
Zip 24	Country 25	Zip	Country			6. This corporation has liability for Intangible tay under s. 199.0 Florida Statutes Yes No			s. 199.032,	
24	9. Name and Address of Curren		1901	Ī		10. Name and Address of New Reg				
		······································		81 N	ame			······································		
PREST, JOHN				82 Si	reet Addre	dress (P.O. Box Number is Not Acceptable)				
	OMA DRIVE									
vero be	EACH FL 32963			83						
				84 C	ity		FL	85 Zip	Code	
11 Pursuant t	to the provisions of Sections 617.050	2 and 617 1508 Florida Statu	tes the a	hove-na	med corry	pration submits this statement for the pr	Uroose o	f changing	its registered	
office or re agent. I a	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was ations of, Section 617.0503. F	authorize lorida Sta	d by the tutes.	corporation	oration submits this statement for the pi on's board of directors. I hereby accep	t the app	ointment a	registered	
SIGNATURE										
12.	Signature, typed or printed name of registered age OFFICERS ANI		TE: Registere	id Agent sig	nature require	d when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND	DIBECTO	RS IN 12	
TITLE	C 077 102 13 24 4	DELETE	1.1 T	ITLE		7,0011,010,011,410,010		Change	Addition	
NAME	PREST, JOHN		1.2 N	AME	1					
STREET ADDRESS	906 HOLOMA DRIVE		1.3 \$	TREET ADD	RESS					
CITY-ST-ZIP	VERO BCH. FL		1.40	ITY-ST-ZII	<u> </u>					
TITLE	D	☐ DELETE	2.1 T	ITLE	- 1			☐ Change	Addition	
NAME	RAV, LORRAINE		2.2 N		- 1					
STREET ADDRESS	1796 SEAGROVE DRIVE VERO BEACH FL		1	TREET ADD	1					
CITY-ST-ZIP	D VERO BEACH PL	DELETE	2. 4 0 3.1 T	CITY-ST-ZI	r			Change	Addition	
NAME	ROGERS, MARILYN		3.2 N)				- 700	
STREET ADDRESS	64 WOODLAND DRIVE #102			TREET ADD	RESS					
CITY-ST-ZIP	VERO BCH. FL			CITY-ST-ZI						
TITLE	D	DELETE	4.1 T	ITLE				Change	Addition	
NAME	RICHARDSON, DAN		- 1	NAME	- }					
STREET ADDRESS	1626 90TH AVE.		1	TREET ADD						
CITY-ST-ZIP	VERO BCH. FL 32960 S	DELETÉ		ITY-ST-Zil	P			Change	Addition	
TITLE NAME	BRAND, BOB	☐ DETER	5.1 T 5.2 N					O O DIREINGE	LLI MUUUUII	
STREET ADDRESS	405 LIVE OAK ROAD		1	treet add	RESS					
City-ST-ZIP	VERO BCH. FL			iTY-ST-ZII						
TITLE	T	DELETE	6.1 7					Change	Addition	
NAME	WADDELL, GENE		6.2 N	AME	1					
STREET ADDRESS	8155 25TH ST.		6.3 S	TREET ADD	ress					
CITY-ST-ZIP	VERO BCH. FL 32960		6.4 0	ITY-ST-ZI	P L					

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: