

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90025 050 ****61.25

DOCUMENT # N48093

1. Corporation Name

ACADEMY OF ENTREPRENEURSHIP, INC.

487037 - 90025 - 50

Principal Place of Business

1800 HWY. U.S.1
VERO BEACH FL 32960

Mailing Address

1800 HWY. U.S. 1
VERO BEACH FL 32960
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/25/1992

4. FEI Number

59-3117743

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

PREST, JOHN
906 HOLOMA DRIVE
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☒ DELETE
NAME PREST, JOHN
STREET ADDRESS 123 PARK SHORES CIRCLE 26-E
CITY-ST-ZIP VERO BCH. FL

TITLE D ☒ DELETE
NAME RAU, LORRAINE
STREET ADDRESS 1796 SEAGROVE DR
CITY-ST-ZIP VERO BEACH FL

TITLE D ☐ DELETE
NAME ROGERS, MARILYN
STREET ADDRESS 64 WOODLAND DRIVE #102
CITY-ST-ZIP VERO BCH. FL

TITLE D ☐ DELETE
NAME WAINWRIGHT, ANDY
STREET ADDRESS 325 GREYTWIG ROAD
CITY-ST-ZIP VERO BEACH FL 32960

TITLE S ☒ DELETE
NAME BRAND, BOB
STREET ADDRESS 405 LIVE OAK ROAD
CITY-ST-ZIP VERO BCH. FL

TITLE S ☐ DELETE
NAME JOHNSON, WILLIAM
STREET ADDRESS 5797 MAGNOLIA LANE
CITY-ST-ZIP VERO BCH. FL 32960

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Chairman ☐ Change ☒ Addition
1.2 NAME Farrar, Tilney
1.3 STREET ADDRESS 1515 Orchid Drive
1.4 CITY-ST-ZIP Vero Beach, FL. 32960

2.1 TITLE Treasurer ☐ Change ☒ Addition
2.2 NAME Riley, Randy
2.3 STREET ADDRESS 1717 Indian River Blvd.
2.4 CITY-ST-ZIP Vero Beach, FL. 32960

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99 (561) 770-2665
Date Daytime Phone #

CR2E037 (11/98)