2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

DOCUMENT # N48093 1. Entity Name ACADEMY OF ENTREPRENEURSHIP, INC.	05-03-2004 90751 036 ***150.00
Principal Place of Business 1800 HWY, U.S.1 1800 HWY, U.S.1 VERO BEACH, FL 32960 Mailing Address 1800 HWY, U.S. 1 VERO BEACH, FL 32960	2960 US
2. Principal Place of Business 4. An E	
	04262004 Chg-NP CR2E037 (10/03)
VERO BEACH FL VERO BEA	4. FEI Number Applied For 59-3117743 Not Applicable
Zip 32960 Country 32960	Country 5. Certificate of Status Desired Fee Required
6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROGERS, MARYL W 65 WOODLAND DRIVE, #102 VERO BEACH, FL 32962	Super Address (P.O. Box/Number is Not Acceptable)
	VERD BEACH FL 32960
The above named entity submits this statement for the purpose of changing the obligations of registered agent.	its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE THE COMMENT	NOTE: Registered Agent signature required when reinstating) DATE
Filing Fee is \$61.25 9. Election	Campaign Financing \$5.00 May Be Added to Fees Horida Department of State
10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE SD NAME FARRAR, TILNEY STREET ADDRESS 1515 ORCHID DR	TITLE MAKE MAKIAN GRIBBLE STREET ADDRESS 1355 42 ND AVE
CITY-ST-ZIP VERO BCH., FL 32960	CITY-ST-ZIP VERZO BEACH FL 32960
TITLE CD MAY, JOHN STREET ADDRESS 4125 N. CYPRESS GREEN LANE	TITLE D/T Change DANGITION HAROLD BRIGGS STREET ADDRESS 7626 587h
CITY-ST-ZIP VERO BEACH, FL 32967	CITY-ST-ZIP VERO BEACH FZ 32967
TITLE VD NAME DAWSON, BUDDY STREET ADDRESS 1622 91ST CT.	TITLE D/S GAddition Change Paddition
STREET ADDRESS 1622 91ST CT. CITY-ST-ZIP VERO BEACH, FL 32966	STREET ADDRESS 1507 31 AUE CITY-ST-ZIP VERO BEACH FL 32960
TITLE Delete NAME STREET ADDRESS	NAME STREET ADDRESS 350 FND: AN HARBOR LD.
CITY-ST-ZIP TITLE Delete	CITY-SI-ZIP VERO BEACH FL 32463
NAME	NAME MERLE L. HILLIARD
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS 701 SURREY TERR CITY-SI-ZIP SEBASTIAN FL 3 2958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE D Change DAddition NAME MARYLYN ROGERS STREET ADDRESS 65 WOODLAND DR CITY-ST-ZIP VERD BEACH FL 32962
I hereby certify that the information supplied with this filing does not qualiful indicated on this report or supplemental report is true and accurate and the control of the control	y for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information nat my signature shall have the same legal effect as if made under oath; that I am an officer or director port as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if
SIGNATURE: SIGNATURE AND TYPED OR PRINTER NAME OF SIGNATURE AND TYPED OR PRINTER NAME OF SIGNATURE OF SIGNATURE AND TYPED OR PRINTER NAME OF SIGNATURE AND TYPED OR SIGNATURE AND TYPED OR SIGNATURE AND TYPED OR PRINTER NAME OF SIGNATURE AND TYPED OR	CER OF SUPERIOR

Alfachment

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DOCUMENT # N48093

1. Entity Name
ACADEMY OF ENTREPRENEURSHIP, INC.



10.	OFFICERS AND DIRECTORS		11.		DITIONS/C	HANGES TO OF	FICERS AND D	IRECTORS IN	10	
TITLE	SD	Delete	TITLE	D .	d	N:		☐ Change	Addition	
NAME	FARRAR, TILNEY		NAME	IUDI	NAN	DETV	≘e√.			
STREET ADDRESS	1515 ORCHID DR		STREET ADDRESS	1015	WWW	DETV GROVE ACH	- LN	3200		
CITY-ST-ZIP	VERO BCH., FL 32960		CITY-ST-ZIP	NEXT	<u>ა </u>	FACH	F	<u> 3296</u>	3	
TITLE	CD	Delete	TITLE					Change	Addition	
NAME	MAY, JOHN		NAME							
STREET ADDRESS	4125 N. CYPRESS GREEN LANE		STREET ADORESS							
CITY-ST-ZIP	VERO BEACH, FL 32967		CITY-ST-ZIP					·		
TITLE	VD	Delete	TITLE					☐ Change	☐ Addition	
NAME	DAWSON, BUDDY		NAME							
STREET ADDRESS	1622 91ST CT.		STREET ADDRESS							
CITY-ST-ZIP	VERO BEACH, FL 32966		CITY-ST-ZIP							
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME			NAME							
STREET ADDRESS			STREET ADORESS							
CITY - ST - ZIP	<u> </u>		CITY-ST-ZIP							
TITLE		Delete	TITLE					Change	Addition	
NAME			NAME							
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP							
TITLE		☐ Delete	TITLE					Change	Addition	
NAME			NAME							
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
			L	L						
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.										
SIGNAT	UHE:	OF SIGNING OFFICER OR	DIRECTOR			Date		Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #										