


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 90751 036 ***150.00

DOCUMENT # N48093

1. Entity Name
ACADEMY OF ENTREPRENEURSHIP, INC.



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
927 14th LANE

3. Mailing Address
927 14th LANE

Suite, Apt. #, etc.

City & State
VERO BEACH, FL

City & State
VERO BEACH, FL

Zip
32960

Country



04262004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent

ROGERS, MARYLYN
65 WOODLAND DRIVE, #102
VERO BEACH, FL 32962

4. FEI Number
59-3117743

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

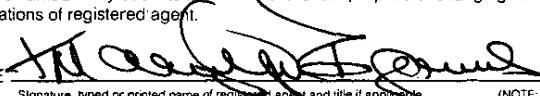
Name
MARYLYN ROGERS

Street Address (P.O. Box Number is Not Acceptable)
927 14th LANE

City
VERO BEACH

FL Zip Code
32960

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **4-27-04**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

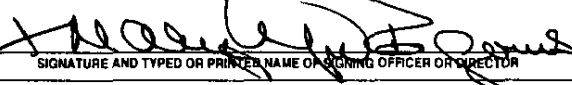
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FARRAR, TILNEY 1515 ORCHID DR VERO BCH., FL 32960	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD MAY, JOHN 4125 N. CYPRESS GREEN LANE VERO BEACH, FL 32967	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DAWSON, BUDDY 1622 91ST CT. VERO BEACH, FL 32966	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/V MARIAN GRIBBLE 1355 42ND AVE VERO BEACH FL 32960	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/I HAROLD BRIGGS 7626 58 th VERO BEACH FL 32967	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/S RON ELLINGSWORTH 1507 31 AVE VERO BEACH FL 32960	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/C/P JOHN T. LEWIS 350 INDIAN HARBOR RD VERO BEACH FL 32963	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MERLE L. HILLIARD 701 SURREY TERR SEBASTIAN FL 32958	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARYLYN ROGERS 65 WOODLAND DR VERO BEACH FL 32962	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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.

SIGNATURE:  DATE: **4-27-04** (772) 770-2665

Signature and typed or printed name of signing officer or director Date Daytime Phone #

Attachment

54049765

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TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD MAY, JOHN 4125 N. CYPRESS GREEN LANE VERO BEACH, FL 32967 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #