



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90113 040 ****61.25

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DOCUMENT # N48093					
1. Entity Name ACADEMY OF ENTREPRENEURSHIP, INC.					
Principal Place of Business 927-14TH LANE VERO BEACH, FL 32960			Mailing Address 927-14TH LANE VERO BEACH, FL 32960 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04252005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-3117743	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROGERS, MARYLYN 927-14TH LANE VERO BEACH, FL 32960			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____					
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, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DV	<input type="checkbox"/> Delete		TITLE	\$5. <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRIBBLE, MARIAN			NAME	GRIBBLE, MARIAN
STREET ADDRESS	1355 42ND AVE.			STREET ADDRESS	1355 42ND AVE
CITY-ST-ZIP	VERO BCH., FL 32960			CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	DT	<input checked="" type="checkbox"/> Delete		TITLE	D → HARRIS, DONALD B. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIGGS, HAROLD			NAME	601 N. SWIM CLUB DR 3A
STREET ADDRESS	7626 58TH			STREET ADDRESS	VERO BEACH, FL 32963
CITY-ST-ZIP	VERO BEACH, FL 32967			CITY-ST-ZIP	
TITLE	DS	<input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLINGSWORTH, RON			NAME	ELLINGSWORTH, RON
STREET ADDRESS	1507 31 AVE.			STREET ADDRESS	1507 31 AVE
CITY-ST-ZIP	VERO BEACH, FL 32960			CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	DCP	<input type="checkbox"/> Delete		TITLE	CT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, JOHN T			NAME	LEWIS JOHN T
STREET ADDRESS	350 INDIAN HARBOR RD.			STREET ADDRESS	350 INDIAN HARBOR RD
CITY-ST-ZIP	VERO BEACH, FL 32963			CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	
NAME	HILLIARD, MERLE L			NAME	
STREET ADDRESS	701 SURREY TERR.			STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN, FL 32958			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	ROGERS, MARYLYN			NAME	
STREET ADDRESS	65 WOOLAND DR.			STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL 32962			CITY-ST-ZIP	
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: 4-28-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: (772) 770-2665	