

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000002506

1. Entity Name

ACADEMY PREP FOUNDATION, INC.



Principal Place of Business

2301 22ND AVE S
ST PETERSBURG, FL 33712 US

Mailing Address

P O BOX 530512
ST PETERSBURG, FL 33747-0512 US



03102006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3377240

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, NANCY J
3146 68TH TERRACE SO
SAINT PETERSBURG, FL 33712

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IN THIS SPACE**

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 Nancy J. Thompson

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

(NOTE: Registered Agent signature required when reinstating)

3/13/06
DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000475259
04/05/06-80008-014 61.25

10. OFFICERS AND DIRECTORS

TITLE	TT
NAME	KNOPIK, STEPHEN M
STREET ADDRESS	P O BOX 25207
CITY-ST-ZIP	BRADENTON, FL 34206
TITLE	TV
NAME	FORTUNE, JEFFREY
STREET ADDRESS	2805 SUNSET WAY
CITY-ST-ZIP	SAINT PETERSBURG, FL 33706
TITLE	TP
NAME	SANSONE, THOMAS
STREET ADDRESS	15900 GULF BLVD
CITY-ST-ZIP	REDINGTON BCH, FL 33708
TITLE	S
NAME	FISHER, BENJAMIN E
STREET ADDRESS	2301 22ND AVE SO
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712
TITLE	AS
NAME	THOMPSON, NANCY J
STREET ADDRESS	3146 68TH TERR SO
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712
TITLE	T
NAME	MCCLOUD, LEROY A DOS
STREET ADDRESS	2931 1ST AVE SO
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/06
Date

727-866-1443
Daytime Phone #