


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000002506</b>		
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
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  THOMPSON, NANCY J 3146 68TH TERRACE SO SAINT PETERSBURG, FL 33712		<b>DO NOT WRITE IN THIS SPACE</b>
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 <u>Nancy J. Thompson</u> <u>4-05-07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000707419 04/24/07-80072-015 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT KNOPIK, STEPHEN M P O BOX 25207 BRADENTON, FL 34206	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV FORTUNE, JEFFREY 2805 SUNSET WAY SAINT PETERSBURG, FL 33706	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP SANSONE, THOMAS 15900 GULF BLVD REDINGTON BCH, FL 33708	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FISHER, BENJAMIN E 2301 22ND AVE SO SAINT PETERSBURG, FL 33712	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS THOMPSON, NANCY J 3146 68TH TERR SO SAINT PETERSBURG, FL 33712	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCLOUD, LEROY A DOS 2931 1ST AVE SO SAINT PETERSBURG, FL 33712	
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: <u>[Signature]</u> <u>4-05-07</u> <u>727-066-1443</u> <small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		