

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90027 025 \*\*\*\*61.25

|   |  |  |   |   |  |
|---|--|--|---|---|--|
| <b>DOCUMENT # N96000002506</b>  |  |  |   |   |  |
| <b>1. Entity Name</b><br>ACADEMY PREP FOUNDATION, INC.  |  |  |   |   |  |
| <b>Principal Place of Business</b><br>2301 22ND AVE S<br>ST PETERSBURG, FL 33712 US   |  |  | <b>Mailing Address</b><br>P O BOX 530512<br>ST PETERSBURG, FL 33747-0512 US |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |  | <b>3. Mailing Address</b>  |   |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |   |   |  |
| <b>City &amp; State</b>   |  | <b>City &amp; State</b>  |   | <b>4. FEI Number</b><br>59-3377240  |  |
| <b>Zip</b>  |  | <b>Country</b>   |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                      |  |
| <b>6. Name and Address of Current Registered Agent</b>  |  |  | <b>7. Name and Address of New Registered Agent</b>                          |   |  |
| THOMPSON, NANCY J.<br>3146 68TH TERRACE SO<br>SAINT PETERSBURG, FL 33712  |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City          |   |  |
|   |  |  | FL Zip Code   |   |  |
| <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.</b>  |  |  |   |   |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)   |  |  |   |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2008</b>   |  | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make check payable to Florida Department of State</b>  |  |  |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | TT<br>KNOPIK, STEPHEN M<br>P O BOX 25207<br>BRADENTON, FL 34206            | <input type="checkbox"/> Delete  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | TV<br>FORTUNE, JEFFREY<br>2805 SUNSET WAY<br>SAINT PETERSBURG, FL 33706    | <input type="checkbox"/> Delete  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | TP<br>SANSONE, THOMAS<br>15900 GULF BLVD<br>REDINGTON BCH, FL 33708        | <input type="checkbox"/> Delete  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | S<br>FISHER, BENJAMIN E<br>2301 22ND AVE SO<br>SAINT PETERSBURG, FL 33712  | <input type="checkbox"/> Delete  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | AS<br>THOMPSON, NANCY J<br>3146 68TH TERR SO<br>SAINT PETERSBURG, FL 33712 | <input type="checkbox"/> Delete  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | T<br>MCCLOUD, LEROY A DOS<br>2931 1ST AVE SO<br>SAINT PETERSBURG, FL 33712 | <input checked="" type="checkbox"/> Delete   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>T Marcelli, Linda<br>5200 31st Ave So<br>Gulfport, FL 33707 |  |
| <b>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.</b> |  |  |   |   |  |
| <b>SIGNATURE:</b> <u>Nancy J. Thompson</u>  |  |  | 4-26-08 727-866-1443  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |  | Date Daytime Phone #  |   |  |

Nancy J. Thompson, CFO, AS