

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006394

FILED
Apr 04, 2008
Secretary of State

Entity Name: ACADEMY SCHOOL OF FLORIDA, INC.

Current Principal Place of Business:

11411 56 DRIVE
CORAL SPRINGS, FL 33076

New Principal Place of Business:

Current Mailing Address:

11411 56 DRIVE
CORAL SPRINGS, FL 33076

New Mailing Address:

FEI Number: 65-0876779

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MURRAY J COHEN P.A.
10330 CAMELBACK LANE
BOCA RATON, FL 33498 US

Name and Address of New Registered Agent:

KAUFMAN, NINA
1950 OAKMONT TERRACE
CORAL SPRINGS, FL 33071 US

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.

SIGNATURE: NINA KAUFMAN

04/04/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KAUFMAN, NINA
Address: 1950 OAKMONT TERRACE
City-St-Zip: GULFSTREAM, FL 33071

Title: VP () Delete
Name: KAUFMAN, DAVID
Address: 1950 OAKMONT TERRACE
City-St-Zip: GULFSTREAM, FL 33071

Title: D (X) Delete
Name: COHEN, MURRAY
Address: 10330 CAMELBACK LANE
City-St-Zip: BOCA RATON, FL 33498

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KAUFMAN, NINA
Address: 1950 OAKMONT TERRACE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VP (X) Change () Addition
Name: KAUFMAN, DAVID
Address: 21461 54TH DRIVE S
City-St-Zip: BOCA RATON, FL 33486

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NINA KAUFMAN

P

04/04/2008

Electronic Signature of Signing Officer or Director

Date