

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S87333

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: ACADEMY OF CONTINUING EDUCATION, INCORPORATED

**Current Principal Place of Business:**

2555 NW BOCA RATON BLVD  
BOCA RATON, FL 33431 US

**New Principal Place of Business:**

**Current Mailing Address:**

2555 NW BOCA RATON BLVD  
BOCA RATON, FL 33431 US

**New Mailing Address:**

FEI Number: 65-0423380

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RACKETT, BARBARA E  
4575 TODD STREET  
LAKE WORTH, FL 33463 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: RACKETT, BARBARA E  
Address: 4575 TODD STREET  
City-St-Zip: LAKE WORTH, FL

Title: D ( ) Delete  
Name: PUGH, MARY ALICE  
Address: 423 ANDREWS AVE.  
City-St-Zip: DELRAY BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA E. RACKETT

D

03/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date