

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000829

Entity Name: ACADEMY PREP CENTER OF ST. PETERSBURG, INC.**Current Principal Place of Business:**2301 22ND AVENUE SOUTH
SAINT PETERSBURG, FL 33712**Current Mailing Address:**P O BOX 530512
ST. PETERSBURG, FL 33747-0512 US**FEI Number: 59-3623000****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HUMBOLDT, JAMES R
2301 22ND AVE SO
ST. PETERSBURG, FL 33712 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: JAMES HUMBOLDT****04/22/2014**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title T
Name MARCELLI, LINDA D
Address 5220 31ST AVE S
City-State-Zip: ST. PETERSBURG FL 33707

Title T
Name SANSOME, THOMAS
Address 15900 GULF BLVD
City-State-Zip: SAINT PETERSBURG FL 33708

Title TT
Name LEWIS, CHRIS
Address 5808 MARINERS WATCH DR
City-State-Zip: TAMPA FL 33615

Title TS
Name CARLSON, DIMITY
Address 2510 HERON LANE N
City-State-Zip: CLEARWATER FL 33762

Title T
Name BOGOTT, TIM
Address 5600 GULF BLVD
City-State-Zip: ST PETE BEACH FL 33706

Title AS
Name HUMBOLDT, JAMES R
Address P O BOX 530512
City-State-Zip: ST. PETERSBURG FL 33747-0512

Title TP
Name BOURDOW, JOESPH
Address 450 BATH CLUB BLVD SO
City-State-Zip: REDINGTON BEACH FL 33708

I hereby 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 all other like empowered.

SIGNATURE: JAMES HUMBOLDT**AS****04/22/2014**

Electronic Signature of Signing Officer/Director Detail

Date