

2020 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:**1021 LAKELAND HILLS BLVD
LAKELAND, FL 33805 US**FEI Number:** 59-3623000**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCARCELLI, TERRI L
1021 LAKELAND HILLS BLVD
LAKELAND, FL 33805 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:** TERRI L SCARCELLI

05/05/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, TREASURER
Name SHOUPPE, ALEX
Address 2301 22ND AVENUE SOUTH
City-State-Zip: SAINT PETERSBURG FL 33712

Title DIRECTOR
Name STAMEY, CHUCK
Address 2301 22ND AVENUE SOUTH
City-State-Zip: SAINT PETERSBURG FL 33712

Title DIRECTOR, SECRETARY
Name VEDDER, DAVID
Address 2301 22ND AVENUE SOUTH
City-State-Zip: SAINT PETERSBURG FL 33712

Title VP, ASST. SECRETARY
Name SCARCELLI, TERRI L
Address 1021 LAKELAND HILLS BLVD
City-State-Zip: LAKELAND FL 33805

Title DIRECTOR
Name SEMBLER, LIZ
Address 2301 22ND AVENUE SOUTH
City-State-Zip: SAINT PETERSBURG FL 33712

Title PRESIDENT
Name BARROTT, JOHN C.
Address 2301 22ND AVENUE SOUTH
City-State-Zip: SAINT PETERSBURG FL 33712

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: TERRI L SCARCELLI**CFO/ASST. TREASURER**

05/05/2020

Electronic Signature of Signing Officer/Director Detail

Date