

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 18 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N41054 (0)**  
 1. Corporation Name  
**ADMIRAL FARRAGUT ACADEMY SOUTH, INC.**



Principal Place of Business		Mailing Address	
501 PARK STREET NORTH ST. PETERSBURG FL 33710 US		501 PARK STREET NORTH P.O. BOX 43010 ST. PETERSBURG FL 33743 US	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	30
		25	29

3. Date Incorporated or Qualified  
**12/03/1990**

4. FEI Number  
**59-3038365**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**HARRIS, THOMAS M.**  
**150 2ND AVENUE NORTH**  
**SUITE 1500-SOUTHTRUST BANK BLDG.**  
**ST. PETERSBURG FL 33701**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VPTD	<input type="checkbox"/> DELETE
NAME	UPHAM, LAURANCE B	
STREET ADDRESS	1125 - 41ST AVE., N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WHEELER, RICHARD G.	
STREET ADDRESS	501 PARK STREET N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	SOKOLOWSKI, CLAUDIA	
STREET ADDRESS	8341 - 144TH LN., N.	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	HARRIS, THOMAS M.	
STREET ADDRESS	150 2ND AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MICHEL, JR., GEORGE J.	
1.3 STREET ADDRESS	310 MEDITERRANEAN RD.	
1.4 CITY-ST-ZIP	PALM BEACH, FL 33480	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **2-11-98** DURING PHONE #: **813-343-3678**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)