

FILE NOW: FILING FEE IS \$61.25

FILED

**May 06 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # N97000000053 (5)
1. Corporation Name

ADMIRAL FARRAGUT ACADEMY FOUNDATION, INC.



Principal Place of Business 241 BRADLEY PLACE PALM BEACH FL 33480	Mailing Address 241 BRADLEY PLACE PALM BEACH FL 33480
---	---

3. Date Incorporated or Qualified 01/06/1997		
4. FEI Number 31-1506065	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 501 PARK STREET N.	2a. Mailing Address 26 501 Park Street N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23 ST. PETERSBURG, FL	City & State 28 St. Petersburg, FL
Zip 24 33710	Country 25 USA
Zip 29 33710	Country 30 USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
CHAUNCEY, HARRISON K JR. 241 BRADLEY PLACE PALM BEACH FL 33480	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	George J. Michel, Jr.
1.3 STREET ADDRESS	310 Mediterranean Road
1.4 CITY-ST-ZIP	Palm Beach, FL 33480
2.1 TITLE	S/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Laurence B. Upham
2.3 STREET ADDRESS	1125 - 41st Ave. N.E.
2.4 CITY-ST-ZIP	St. Petersburg, FL 33703
3.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Richard G. Wheeler
3.3 STREET ADDRESS	501 Park Street North
3.4 CITY-ST-ZIP	St. Petersburg, FL 33710
4.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Edward B. De Seta
4.3 STREET ADDRESS	RD6, Valley Road, Whitewing Farm
4.4 CITY-ST-ZIP	West Chester, PA 19382
5.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	John A. Gardella, Jr.
5.3 STREET ADDRESS	366 Daniele Dr. #10
5.4 CITY-ST-ZIP	Ocean, NJ 07712-7909
6.1 TITLE	<input type="checkbox"/> Change <input checked="" 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: *Laurence B. Upham* LAURENCE B. UPHAM 4/27/98 813-384-5503

CR2E037 (10/97)