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Feb 01, 1999 8:00am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000000053
 1. Corporation Name
ADMIRAL FARRAGUT ACADEMY FOUNDATION, INC.

Principal Place of Business 501 PARK STREET N ST PETERSBURG FL 33710 US	Mailing Address 501 PARK STREET N ST PETERSBURG FL 33710 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/06/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 31-1506065
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHEL, GEORGE J JR	1.2 NAME	
STREET ADDRESS	310 MEDITERRANEAN ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLAM BCH FL 33480	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UPHAM, LAURENCE B	2.2 NAME	
STREET ADDRESS	1125- 41ST AVENUE NE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33703	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESETA, EDWARD B	3.2 NAME	
STREET ADDRESS	RD6, VALLEY ROAD, WHITEWING FARM	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST CHESTER PA 19382	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDELLA, JOHN A JR	4.2 NAME	
STREET ADDRESS	366 DANIELE DRIVE 10	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCEAN NJ 07712-7909	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHEELER, RICHARD G	5.2 NAME	
STREET ADDRESS	501 PARK STREET N	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33710	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 as an attachment with an address, with all other like empowered.

SIGNATURE: Laurence B. Upham SIGNATURE REQUIRED: B. UPHAM, Sec. 1-12-99 (127) 384-4707

CR2E037 (11/98)