


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

8/31/2004-90003-041-\$61.24-\$61.24 \$61.25

FILED
04 SEP 15 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000000053

1. Entity Name
ADMIRAL FARRAGUT ACADEMY FOUNDATION, INC.



Principal Place of Business
501 PARK STREET NORTH
SAINT PETERSBURG, FL 33710 US

Mailing Address
501 PARK STREET NORTH
SAINT PETERSBURG, FL 33710 US

DO NOT WRITE IN THIS SPACE



07212004 No Chg-NP CR2E037 (10/03)

4. FEI Number
31-1506065

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HARRISON, CHAUNCEY K JR.
241 BRADLEY PLACE
PALM BEACH, FL 33480

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: _____

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

**Filing Fee is \$61.25
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHEL, GEORGE 310 MEDITERRANEAN ROAD PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAT UPHAM, LAURENCE B 4975 LAKE SEMINOLE DRIVE W LARGO, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DESETA, EDWARD B RD6 VALLEY ROAD, WHITEWING FARM WEST CHESTER, PA 19382
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARDELLA, JOHN A JR 809 GREEN GROVE ROAD TINTON FALLS, NJ 07712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHEELER, RICHARD G 501 PARK STREET N SAINT PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARDENTER, NORMAN 236 ANTHONY LAYNE DRIVE WAYNE, PA 15087

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: _____ DAYTIME PHONE #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR