


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90164 036 \*\*\*\*61.25

<b>DOCUMENT # N97000000053</b>	
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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04052007 Chg-NP CR2E037 (12/06)

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

KAPUSTA, ROBERT JR.  
100 2ND AVE. SOUTH, STE. 701  
ST. PETERSBURG, FL 33701

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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 \_\_\_\_\_

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

Filing Fee is **\$61.25** Due by **May 1, 2007**

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	MICHEL, GEORGE J JR	
STREET ADDRESS	310 MEDITERRANEAN ROAD	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	S,T	<input type="checkbox"/> Delete
NAME	UPHAM, LAURENCE B	
STREET ADDRESS	9975 LAKE SEMINOLE DRIVE W	
CITY-ST-ZIP	LARGO, FL 33773	
TITLE	P	<input type="checkbox"/> Delete
NAME	SCHREIBER, DONALD	
STREET ADDRESS	112 FORREST AVENUE	
CITY-ST-ZIP	SOUTHAMPTON, PA 18966	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOKOLOWSKI, MATT	
STREET ADDRESS	2310 STARKEY RD	
CITY-ST-ZIP	LARGO, FL 33771	
TITLE	V	<input type="checkbox"/> Delete
NAME	WHEELER, RICHARD G	
STREET ADDRESS	501 PARK STREET N	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710	
TITLE	T	<input type="checkbox"/> Delete
NAME	FINE, ROBERT J JR	
STREET ADDRESS	501 PARK STREET NORTH	
CITY-ST-ZIP	ST, PETERSBURG, FL 33710	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Laurence Upham  4.10.07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #