

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000000053

**FILED**  
**Mar 28, 2018**  
**Secretary of State**  
**CC4117560849**

**Entity Name:** ADMIRAL FARRAGUT ACADEMY FOUNDATION, INC.

**Current Principal Place of Business:**

501 PARK STREET NORTH  
SAINT PETERSBURG, FL 33710

**Current Mailing Address:**

501 PARK STREET NORTH  
SAINT PETERSBURG, FL 33710 US

**FEI Number: 31-1506065**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title TRUSTEE, SECRETARY  
Name JOHN, JACOBS  
Address 2712 ABILENE DR  
City-State-Zip: CHEVY CHASE MD 20815

Title TRUSTEE  
Name MUSICARO, ART  
Address 208 HIDDEN VIEW DR  
City-State-Zip: WHEELING WV 26003

Title TRUSTEE  
Name WHEELER, RICHARD G  
Address 7533 DARTMOUTH AVE N  
City-State-Zip: ST PETERSBURG FL 33710

Title TRUSTEE  
Name FINE, ROBERT JR  
Address 501 PARK STREET N  
City-State-Zip: ST PETERSBURG FL 33710

Title TRUSTEE  
Name LIPSKY, IAN D.  
Address 34 MEDERA DEL PRESIDIO  
City-State-Zip: CORTE MADERA CA 94925

Title TREASURER, CFO  
Name PEMBLE, TONY  
Address 501 PARK STREET NORTH  
City-State-Zip: SAINT PETERSBURG FL 33710

Title TRUSTEE  
Name WAGNER, CHRISTIAN  
Address PO BOX 3742  
City-State-Zip: GREENVILLE DE 19807

Title TRUSTEE, VP  
Name MATTHIES, ROBERT  
Address 34 I STREET  
City-State-Zip: SEASIDE PARK NJ 08752

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: TONY PEMBLE**

**T**

**03/28/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            PRESIDENT  
Name            KOLCHIN, MICHAEL DR.  
Address        7835 CAMBRIDGE DR  
City-State-Zip: BRECKSVILLE OH 44141

Title            TRUSTEE  
Name            ALDI, ANDREW  
Address        2010 FARM POND CT  
City-State-Zip: REISTERSTOWN MD 21136

Title            TRUSTEE  
Name            MILLER, THOMAS  
Address        1616 CAPE CORAL PARKWAY WEST 102  
City-State-Zip: CAPE CORAL FL 33914

Title            TRUSTEE  
Name            PATTERSON BEATY, ASHLEY  
Address        3312 N. STREET NW  
City-State-Zip: WASHINGTON DC 20007

Title            TRUSTEE  
Name            ELBAZ, ELLIOT  
Address        4 MALVINO CT.  
City-State-Zip: TIBURON CA 94920

Title            TRUSTEE  
Name            PALM, JYRI  
Address        P.O. BOX 515  
City-State-Zip: LATHAM NY 12110