2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2005 8:00 am
Secretary of State
04-28-2005 90194 022 ****61.25

DOCUMENT # N01000002251

1. Entity Name
SARASOTA MILITARY ACADEMY, INC.

66022949

Principal Place of Business	Mailing Address
801 ORANGE AVENUE, N. SARASOTA, FL 34236	801 ORANGE AVENUE, N. SARASOTA, FL 34236

04232005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1149763 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WINDOM, ROBERT E M.D. 5420 EAGLE POINT CIR. #403 SARASOTA, FL 34238	Name: Col (Ret) Stephen D. Cork Street Address (P.O. Box Number is Not Acceptable): 4962 Candle Bush Cir City: Sarasota FL Zip Code: 34241

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 May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONES, HERB 4274 BOCA POINT DR SARASOTA, FL 34238	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Edmundson, Celia 813 Marbury Lane Longboat Key, FL 34228	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DERR, FRED 3801 ORANGE AVE NORTH SARASOTA, FL 34234	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Derr, Fred 3801 Orange Ave N. Sarasota, FL 34234	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WINDOM, ROBERT E M.D. 5420 EAGLE POINT CIRCLE, #403 SARASOTA, FL 34231	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Windom, Robert E M.D 5420 Eagle Point Circle #403 Sarasota, FL 34231	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CROWELL, HOWARD G JR. 3970 PRAIRIE DUNES DRIVE SARASOTA, FL 34238	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PILLOT, GENE 212 HILLVIEW DRIVE SARASOTA, FL 34239	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Pillot, Gene 10060 Cheery Hills Ave Circle Bradenton, FL 34202	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOLVERTON, WOODY 783 ORANGE AVENUE NORTH SARASOTA, FL 34236	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 6-1-05 941-926-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #