

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002251

FILED
Apr 16, 2009
Secretary of State

Entity Name: SARASOTA MILITARY ACADEMY, INC.

Current Principal Place of Business:

801 ORANGE AVENUE, N.
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

801 ORANGE AVENUE, N.
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 65-1149763

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORK, STEPHEN D COL
4962 CANDLE BUSH CIRCLE
SARASOTA, FL 34241 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JONES, HERB
Address: 4274 BOCA POINT DR
City-St-Zip: SARASOTA, FL 34238

Title: T () Delete
Name: DERR, FRED
Address: 3801 ORANGE AVE NORTH
City-St-Zip: SARASOTA, FL 34236

Title: P () Delete
Name: WINDOM, ROBERT E M.D.
Address: 5450 EAGLE POINT CIRCLE, #403
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: CROWELL, HOWARD G JR.
Address: 3970 PRAIRIE DUNES DRIVE
City-St-Zip: SARASOTA, FL 34238

Title: D () Delete
Name: PILLOT, GENE DR.
Address: 10060 CHERRY HILLS AVE CIRCLE
City-St-Zip: BRADENTON, FL 34202

Title: D () Delete
Name: WOLVERTON, WOODY
Address: 1276 N. TAMIARI TR., SUITE 302
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: FRED DERR

T

04/16/2009

Electronic Signature of Signing Officer or Director

Date