


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90207 029 \*\*\*\*61.25

<b>DOCUMENT # N03000003141</b>	
1. Entity Name <b>FLORIDA MILITARY SCHOOL ASSOCIATION, INC.</b>	

Principal Place of Business <b>135 DEER LAKE CIR ORMOND BEACH, FL 32174</b>	Mailing Address <b>135 DEER LAKE CIR ORMOND BEACH, FL 32174</b>
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2. Principal Place of Business - No P.O. Box # <b>525 Minshew Rd</b>	3. Mailing Address <b>P.O. Box 5</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Pierson, FL</b>	City & State <b>Pierson, FL</b>
Zip <b>32180</b>	Zip <b>32180</b>
Country <b>USA</b>	Country <b>USA</b>



01102007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>06-1706239</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>KOZAK, INGO K 312 S MILITARY TR DEERFIELD BEACH, FL 33442</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City <b>FL</b> Zip Code
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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

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC ELLIOTT, MAXWELL C 135 DEER LAKE CIR ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>525 Minshew Rd Pierson, FL 32180</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ELLIOT, SUSAN G 135 DEERLAKE CIRCLE ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>525 Minshew Rd Pierson, FL 32180</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T RIDINGER, THORNTON J 1 TOMOKA OAKS BLVD #114 ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Thornton J. Ridinger* **Thornton J. Ridinger** **1/11/07** **(386) 677-2312**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #