

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007162

FILED  
Mar 30, 2007  
Secretary of State

Entity Name: FRANCIS MARION MILITARY ACADEMY, INC.

**Current Principal Place of Business:**

1 SE CHINICA DR  
SUMMERFIELD, FL 34491

**New Principal Place of Business:**

**Current Mailing Address:**

1 SE CHINICA DR  
SUMMERFIELD, FL 34491

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ARCHIBALD, R.S. "SKIP"  
1 SE CHINICA DR  
SUMMERFIELD, FL 34491 US

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

ARCHIBALD, R.S.  
1 SE CHINICA DR  
SUMMERFIELD, FL 34491 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: R.S. ARCHIBALD

03/30/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TC ( ) Delete  
Name: ARCHIBALD, R.S.  
Address: 1 SE CHINICA DR  
City-St-Zip: SUMMERFIELD, FL 34491

Title: TVC ( ) Delete  
Name: BARBER, KET  
Address: 3862 NE 19TH STREET CIR  
City-St-Zip: OCALA, FL 34470

Title: T ( ) Delete  
Name: EDSALL, JOHN  
Address: 18250 SE 42ND PL  
City-St-Zip: MORRISTON, FL 32668

Title: T ( ) Delete  
Name: FAGAN, LARRY  
Address: 4027 NE 20TH ST  
City-St-Zip: OCALA, FL 34470

Title: T ( ) Delete  
Name: KURTZ, JOHN  
Address: ALARION BANK - 1 NE 1ST AVE  
City-St-Zip: OCALA, FL 34470

Title: T ( ) Delete  
Name: OLUNKETT, LAN  
Address: 741 NE 3RD ST  
City-St-Zip: OCALA, FL 34470

**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 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: R. S. ARCHIBALD

TC

03/30/2007

Electronic Signature of Signing Officer or Director

Date