

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90018 022 ****61.25

DOCUMENT # N06000007162

1. Entity Name

FRANCIS MARION MILITARY ACADEMY, INC.



Principal Place of Business
**1 SE CHINICA DR
SUMMERFIELD, FL 34491**

Mailing Address
**1 SE CHINICA DR
SUMMERFIELD, FL 34491**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042008 Chg-NP CR2E037 (12/06)

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**Filing Fee is \$61.25
Due by May 1, 2008**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TC
ARCHIBALD, R.S. "SKIP"
1 SE CHINICA DR
SUMMERFIELD, FL 34491** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TVC
BARBER, KET
3862 NE 19TH STREET CIR
OCALA, FL 34470** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
EDSALL, JOHN
18250 SE 42ND PL
MORRISTON, FL 32668** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
FAGAN, LARRY
4027 NE 20TH ST
OCALA, FL 34470** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
KURTZ, JOHN
ALARION BANK - 1 NE 1ST AVE
OCALA, FL 34470** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
OLUNKETT, LAN
741 NE 3RD ST
OCALA, FL 34470** ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**Pamela Stafford
7220 SW 19TH AVE Rd
OCALA FL 34476**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**T
MORRELL E. DEEN
2836 SE 25 Terr
OCALA, FL 34471**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R.S. Skip Archibald, Ed.D.

1 SE Chinica Dr.

Summerfield, FL 34491

1/17/08 2011

Daytime Phone #

452-288-