

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000009307

**Entity Name:** INSTITUTE OF CLASSICAL ARCHITECTURE & ART FLORIDA, INC.**FILED**  
**Feb 07, 2024**  
**Secretary of State**  
**4515481330CC****Current Principal Place of Business:**1930 SOUTH DIXIE HIGHWAY SUITE C6  
SUITE C6  
WEST PALM BEACH, FL 33401**Current Mailing Address:**1930 SOUTH DIXIE HIGHWAY  
SUITE C6  
CORAL GABLES, FL 33401 US**FEI Number: 20-5534735****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**DUCH, CLIFFORD G  
240 WORTH AVENUE  
STUDIO 202  
PALM BEACH, FL 33480 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:** CLIFFORD G DUCH

02/07/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	KELLOGG, KRISTIN
Address	161 ELWA PLACE
City-State-Zip:	WEST PALM BEACH FL 33405

Title	TREA
Name	POZZOULI, JOSPEH
Address	314 MOODY BLVD
City-State-Zip:	FLAGLER BEACH FL 32136

Title	CO-SECRETARY
Name	TEOFILO, VICTORIA
Address	224 VALENCIA AVENUE
City-State-Zip:	CORAL GABLES FL 33134

Title	CO-SECRETARY
Name	CRONK, JOSEPH
Address	24 CATHEDRAL PLACE SUITE 401
City-State-Zip:	ST AUGUSTINE FL 32084

Title	VP
Name	DUCH, CLIFFORD G
Address	24 CATHEDRAL PALCE SUITE 401
City-State-Zip:	ST AUGUSTINE FL 32084

Title	CO-TREASURER
Name	CIANCI, BRUCE
Address	4801 S UNIVERISTY DR SUITE 136
City-State-Zip:	DAVIE FL 33328

Title	DIRECTOR
Name	FINCH, ANNE
Address	P.O. BOX 3641
City-State-Zip:	CORAL GABLES FL 33114

Title	PRESIDENT ELECT
Name	FAULKNER, MARSHA
Address	4950 BELFORT ROAD SUITE 100
City-State-Zip:	JACKSONVILLE FL 32256

I hereby 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 all other like empowered.

**SIGNATURE:** CLIFFORD G DUCH**REGISTERED AGENT**

02/07/2024

Electronic Signature of Signing Officer/Director Detail

Date