

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000009307

**Entity Name:** INSTITUTE OF CLASSICAL ARCHITECTURE & ART FLORIDA, INC.**FILED**  
**Apr 04, 2023**  
**Secretary of State**  
**9258324939CC****Current Principal Place of Business:**240 WORTH AVENUE  
STUDIO 202  
PALM BEACH, FL 33480**Current Mailing Address:**PO BOX 3641  
CORAL GABLES, FL 33114 US**FEI Number: 20-5534735****Certificate of Status Desired: Yes****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**04/04/2023**

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

*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 DUCH**VP****04/04/2023**

Electronic Signature of Signing Officer/Director Detail

Date