

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000009307

**Entity Name:** INSTITUTE OF CLASSICAL ARCHITECTURE & ART FLORIDA, INC.

**FILED**  
**Mar 17, 2014**  
**Secretary of State**  
**CC2418076222**

**Current Principal Place of Business:**

1448 N. LIBERTY ST  
JACKSONVILLE, FL 32206

**Current Mailing Address:**

PO BOX 13188  
JACKSONVILLE, FL 32206

**FEI Number:** 20-5534735

**Certificate of Status Desired:** No

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

MANIS, LANE J  
1448 N. LIBERTY ST.  
JACKSONVILLE, FL 32206 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BEASLEY, TROY  
Address        919 ORANGE AVE.  
City-State-Zip: WINTER PARK FL 32789

Title            TREA  
Name            CHILDERS, PINARES  
Address        4439 ASHMONT COURT  
City-State-Zip: JACKSONVILLE FL 32258-1333

Title            VP  
Name            ZRINSCAK, FRED S  
Address        227 MIRAMAR WAY  
City-State-Zip: WEST PALM BEACH FL 33405

Title            SECRETARY  
Name            HAY, BRANDT W  
Address        52 RILEY RD  
STE 374  
City-State-Zip: CELEBRATION FL 34747

*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:** TROY BEASLEY

**PRESIDENT**

**03/17/2014**

Electronic Signature of Signing Officer/Director Detail

Date