

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000008571

**Entity Name:** ACADEMY OF CLASSICAL ARTS AND HUMANITIES INC.

**Current Principal Place of Business:**

7226 21ST. EAST  
SARASOTA, FL 34243

**Current Mailing Address:**

7226 21ST. EAST  
SARASOTA, FL 34243

**FEI Number: 26-0820589**

**Certificate of Status Desired: Yes**

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

MIANO, DAVID E  
619 19TH ST W  
BRADENTON, FL 34205 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: DAVID MIANO**

**01/28/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            CEO  
Name            MIANO, CHARLES  
Address        5010 STEVENS DR  
City-State-Zip: SARASOTA FL 34234

Title            DIRECTOR  
Name            MIANO, DAVID R  
Address        5010 STEVENS DR  
City-State-Zip: SARASOTA FL 34234

Title            DIRECTOR  
Name            PERRY, FRANK  
Address        10219 35TH ST E  
City-State-Zip: PARRISH FL 34219

Title            TREASURER  
Name            VOLK, LI  
Address        2121 WOOD STREET  
City-State-Zip: SARASOTA FL 34237

Title            PRESIDENT  
Name            OCONNELL, MARY L  
Address        4285 ESCONDITO CIR  
City-State-Zip: SARASOTA FL 34238

Title            DIRECTOR  
Name            GECK, KAREN  
Address        610 EMERALD HARBOR DR  
City-State-Zip: LONGBOAT KEY FL 34228-1608

Title            DIRECTOR  
Name            GECK, PAUL  
Address        610 EMERALD HARBOR DR  
City-State-Zip: LONGBOAT KEY FL 34228-1608

Title            DIRECTOR  
Name            HEALEY, DEBORAH  
Address        815 ALDERWOOD WAY  
City-State-Zip: SARASOTA FL 34243

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*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: FRANK PERRY**

**EXECUTIVE DIRECTOR**

**01/28/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           VOLSER, KERRY  
Address        1105 LUMSDEN POINTE BLVD  
City-State-Zip: VALRICO FL 33594

Title           DIRECTOR  
Name           COVERT, SUSAN  
Address        3619 QUAIL HOLLOW PLACE  
City-State-Zip: BRADENTON FL 34210