

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000008571

**FILED**  
**Feb 14, 2019**  
**Secretary of State**  
**2351476783CC**

**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: No**

**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**

**02/14/2019**

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 VOLK, LI  
Address 2121 WOOD STREET  
F123  
City-State-Zip: SARASOTA FL 34237

Title TREASURER  
Name PERRY, FRANK  
Address 817 MANATEE AVE W  
City-State-Zip: BRADENTON FL 34205

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: CHARLES MIANO**

**EXECUTIVE DIRECTOR**

**02/14/2019**

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