

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000003163

Entity Name: CLASSROOM CHAMPIONS, INC.**Current Principal Place of Business:**4219 PINE NEEDLE LANE
JACKSONVILLE, FL 32210**Current Mailing Address:**4219 PINE NEEDLE LANE
JACKSONVILLE, FL 32210**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DEARING, KATIE
300 WEST ADAMS STREET
SUITE 500
JACKSONVILLE, FL 32202 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	D
Name	MESLER, STEVEN M
Address	4219 PINE NEEDLE LANE
City-State-Zip:	JACKSONVILLE FL 32210

Title	D
Name	SHANLEY, PETER T
Address	4219 PINE NEEDLE LANE
City-State-Zip:	JACKSONVILLE FL 32210

Title	D
Name	ZYLKA, EDWARD
Address	4219 PINE NEEDLE LANE
City-State-Zip:	JACKSONVILLE FL 32210

Title	D
Name	PARISE, LEIGH M
Address	236 LIVINGSTON STREET 23C
City-State-Zip:	BROOKLYN NY 11201

Title	D
Name	FELDMAN, JOEL
Address	3333 PIEDMONT ROAD NE SUITE 2500
City-State-Zip:	ATLANTA GA 30305

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: STEVEN MESLER**DIRECTOR****06/10/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date