

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

DOCUMENT# N11000006822

**Entity Name:** CLASSICAL PREPARATORY, INC.

**Current Principal Place of Business:**

19009 FALCON CREST BLVD.  
LAND O LAKES, FL 34638

**Current Mailing Address:**

3152 LITTLE RD STE 173  
TRINITY, FL 34655

**FEI Number:** 45-2805451

**Certificate of Status Desired:** No

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

CORCORAN, ANNE  
19009 FALCON CREST BLVD  
LAND O LAKES, FL 34638 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 DIRECTOR  
Name NOCCO, CHRISTOPHER  
Address 3152 LITTLE RD STE 173  
City-State-Zip: TRINITY FL 34655

Title DIRECTOR  
Name JOHNSTON, CRISTINA  
Address 3152 LITTLE RD STE 173  
City-State-Zip: TRINITY FL 34655

Title DIRECTOR  
Name WHITE, ROBERT  
Address 3152 LITTLE RD STE 173  
City-State-Zip: TRINITY FL 34655

*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:** CHRISTOPHER NOCCO

**DIRECTOR**

**03/22/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date