

2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N13000008765

Entity Name: THE CLASSICAL ACADEMY OF SARASOTA INC.

Current Principal Place of Business:

8350 BEE RIDGE
BOX 223
SARASOTA, FL 34240

Current Mailing Address:

8350 BEE RIDGE ROAD
PO BOX 223
SARASOTA, FL 34241 US

FEI Number: 46-3754462

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LONGENECKER, JOSH
8000 BEE RIDGE RD
SARASOTA, FL 34241 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: JOSH LONGENECKER

07/16/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VC
Name CHEVALIER, LAURA
Address 8751 FRUITVILLE ROAD
City-State-Zip: SARASOTA FL 34240

Title CHAIRMAN
Name WIGET, LEVI
Address 11435 APPLETREE CIRCLE
City-State-Zip: BRADENTON FL 34211

Title TREASURER
Name BENSON, CHRISTEN
Address 8751 FRUITVILLE ROAD
City-State-Zip: SARASOTA FL 34240

Title OFFICER
Name HEMBREE, JOE
Address 8751 FRUITVILLE ROAD
City-State-Zip: SARASOTA FL 34240

Title SECRETARY
Name STEUBE, JENNIFER
Address 8751 FRUITVILLE ROAD
City-State-Zip: SARASOTA FL 34240

Title OFFICER
Name GREEN, BRIAN
Address 8751 FRUITVILLE ROAD
City-State-Zip: SARASOTA FL 34240

Title OTHER, NON-VOTING OFFICER
Name LONGENECKER, JOSH
Address 13547 WILD CITRUS ROAD
City-State-Zip: SARASOTA FL 34240

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: JOSH LONGENECKER

HEADMASTER

07/16/2024

Electronic Signature of Signing Officer/Director Detail

Date