

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90058 016 ****61.25

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DOCUMENT # 736813 1. Entity Name THE CLASSIC FOUNDATION, INC.					
Principal Place of Business 12385 JOG RD PALM BEACH GARDENS, FL 33418			Mailing Address 12385 JOG RD PALM BEACH GARDENS, FL 33418		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1926894	
-- Zip --		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DOUMAR, RAYMOND A 1177 SE 3RD AVENUE FT LAUDERDALE, FL 33316				Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	ED <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DANLEY, CLIFFORD L		NAME		
STREET ADDRESS	11805 HERON BAY BLVD.		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33076		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOSSON, WILLIAM		NAME		
STREET ADDRESS	11805 HERON BAY BLVD		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33076		CITY-ST-ZIP		
TITLE	TC <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOODHOUSE, MANDY		NAME		
STREET ADDRESS	12385 JOG RD		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP		
TITLE	CD <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASE, CY		NAME		
STREET ADDRESS	11805 HERON BAY		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33076		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Cliff Danley</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2/16/05 Date Daytime Phone #		