

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90208 031 ****61.25

DOCUMENT # 736813

1. Entity Name
THE CLASSIC FOUNDATION, INC.



Principal Place of Business Mailing Address
12385 JOY RD X 12385 JOY RD X
PALM BEACH GARDENS, FL 33418 PALM BEACH GARDENS, FL 33418
1999 UNIVERSITY DRIVE # 212 1999 UNIVERSITY DR # 212
CORAL SPRINGS, FL 33071 CORAL SPRINGS, FL 33071

60001144



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

01112007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1926894 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DOUMAR, RAYMOND A
1177 SE 3RD AVENUE
FT LAUDERDALE, FL 33316

7. Name and Address of New Registered Agent
Name GENE S BONHAM CPA PA
Street Address (P.O. Box Number is Not Acceptable)
1999 UNIVERSITY DRIVE SUITE 212
CORAL SPRINGS
City FL Zip Code 33071

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.

SIGNATURE *Gene S. Bonham* 1/11/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED DANLEY, CLIFFORD L 12385 JOY RD PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOSSON, WILLIAM 12385 JOY RD PALM BEACH GARDENS, FL 33418 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TC WOODHOUSE, MANDY 12385 JOY RD PALM BEACH GARDENS, FL 33418 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC PERNA, CRAIG A. 18173 SE RIDGEVIEW DR TEQUESTA, FL 33469 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Clifford L Danley* 1/11/07 954-914-1859
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #