


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2008 8:00 am
Secretary of State

06-10-2008 90002 046 ****61.25

DOCUMENT # 736813 1. Entity Name THE CLASSIC FOUNDATION, INC.					
Principal Place of Business 1999 UNIVERSITY DRIVE #212 CORAL SPRINGS, FL 33071 US			Mailing Address 12286 JOG ROAD 1999 UNIVERSITY DRIVE #212 CORAL SPRINGS, FL 33071 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1999 University Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc. #212			
City & State		City & State Coral Springs, FL		4. FEI Number 59-1926894	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33071		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent BONHAM, GENE S CPA PA 1999 UNIVERSITY DRIVE SUITE 212 CORAL SPRINGS, FL 33071				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 12, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	ED DANLEY, CLIFFORD L 12385 JOY RD PALM BEACH GARDENS, FL 33418		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAMBERT, MATT 11600 MIRASOL WAY PALM BEACH GARDENS, FL 33418		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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: <u>Clifford L Danley</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			6/6/08 Date		954-753-6966 Daytime Phone #

40108105



05232008 Chg-NP CR2E037 (12/06)