

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002955

FILED  
Sep 05, 2007  
Secretary of State

Entity Name: CLASSICAL LEAGUE SCHOLARSHIPS, INC.

**Current Principal Place of Business:**

2400 SHALLEY DRIVE  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

3279 JOHN HANCOCK DRIVE  
TALLAHASSEE, FL 32312

**New Mailing Address:**

FEI Number: 59-3645238      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

ANDINO, THERESA  
3279 JOHN HANCOCK DRIVE  
TALLAHASSEE, FL 32312      US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: BOWER, LOIS ANN  
Address: 2400 SHALLEY DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: VD      ( ) Delete  
Name: ALLEN, NANCY  
Address: 719 MORAVAN AVE.  
City-St-Zip: JACKSONVILLE, FL 32211

Title: STD      ( ) Delete  
Name: ANDINO, THERESA  
Address: 3279 JOHN HANCOCK  
City-St-Zip: TALLAHASSEE, FL 32312

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THERESA ANDINO

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

STD

09/05/2007

\_\_\_\_\_  
Date