

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001645

FILED
Apr 27, 2006
Secretary of State

Entity Name: CLASSICAL CHRISTIAN SCHOOL FOR THE ARTS, INC.

Current Principal Place of Business:

9021 U.S.HIGHWAY 19 N.
PINELLAS PARK, FL 33782

New Principal Place of Business:

Current Mailing Address:

9015 U.S.HIGHWAY 19 N.
PINELLAS PARK, FL 33782

New Mailing Address:

FEI Number: 20-2425321

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, LISA A
9015 U.S. HIGHWAY 19 N.
PINELLAS PARK, FL 33782 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: P () Delete
Name: BAKER, DANIEL
Address: 9015 U.S. HIGHWAY 19 N.
City-St-Zip: PINELLAS PARK, FL 33782

Title: VP () Delete
Name: BAKER, SYLVIA
Address: 9015 U.S. HIGHWAY 19 N.
City-St-Zip: PINELLAS PARK, FL 33782

Title: VP () Delete
Name: KELLEY, TIMOTHY
Address: 9015 U.S. HIGHWAY 19 N.
City-St-Zip: PINELLAS PARK, FL 33782

Title: TR () Delete
Name: SMITH, LISA A
Address: 9015 U.S. HIGHWAY 19 N.
City-St-Zip: PINELLAS PARK, FL 33782

Title: SC () Delete
Name: HOWLAND, MARION
Address: 9015 U.S. HIGHWAY 19 N.
City-St-Zip: PINELLAS PARK, FL 33782

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:

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

Title: S (X) Change () Addition
Name: STEVES, PATRICIA
Address: 9015 U.S. HIGHWAY 19 N.
City-St-Zip: PINELLAS PARK, FL 33782

I hereby certify that the information supplied with this filing does not qualify for the 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: LISA SMITH

TR

04/27/2006

Electronic Signature of Signing Officer or Director

Date