

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012056

FILED  
Apr 07, 2006  
Secretary of State

Entity Name: CLASSICAL CHRISTIAN CONSULTANTS COMPANY, INC.

**Current Principal Place of Business:**

4105 CARRIAGE DR., STE. J4  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

4105 CARRIAGE DR., STE. J4  
POMPANO BEACH, FL 33069

**New Mailing Address:**

FEI Number: 02-0756380

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEGAL ZOOM NEVADA, INC.  
44 W. FLAGLER ST., STE. 675  
MIAMI, FL 33130 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: D ( ) Delete  
Name: HUSEMANN, ANTHONY J DR.  
Address: 4105 CARRIAGE DR., STE. J4  
City-St-Zip: POMPANO BEACH, FL 33069

Title: D ( ) Delete  
Name: HUSEMANN, ANTHONY  
Address: 4105 CARRIAGE DR., STE. J4  
City-St-Zip: POMPANO BEACH, FL 33069

Title: D ( ) Delete  
Name: HUSEMANN, LYNN F.  
Address: 4105 CARRIAGE DR., STE. J4  
City-St-Zip: POMPANO BEACH, FL 33069

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

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

Title: D (X) Change ( ) Addition  
Name: CHRISTOPHI, GEORGE  
Address: 770 JAMES ST APT 806  
City-St-Zip: SYRACUSE, NY 13203 US

Title: D ( ) Change (X) Addition  
Name: CHRISTOPHI, REBECCA L  
Address: 770 JAMES ST APT 806  
City-St-Zip: SYRACUSE, NY 13203 US

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: ANTHONY J HUSEMANN

PRES

04/07/2006

Electronic Signature of Signing Officer or Director

Date