

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Sep 23 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # N97000006049 (7)

1. Corporation Name

THE CLASSICAL ASSOCIATION OF FLORIDA, INC.

Principal Place of Business

Mailing Address

C/O MICHAEL HALL  
MACLAY SCHOOL - 3737 NORTH MERIDIAN RD  
TALLAHASSEE FL 32312

C/O MICHAEL HALL  
MACLAY SCHOOL - 3737 NORTH MERIDIAN RD  
TALLAHASSEE FL 32312

3. Date Incorporated or Qualified

10/27/1997

4. FEI Number

59-3481405

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HALL, MICHAEL  
MACCLAY SCHOOL  
3737 NMERIDIAN RD  
TALLAHASSEE FL 32312

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME BOLES, DONNA L  
STREET ADDRESS 254 DOMINICA CIRCLE WEST  
CITY-ST-ZIP NICEVILLE FL 32578

TITLE D ☐ DELETE  
NAME MISHKIN, LINDA  
STREET ADDRESS 2024 63RD ST WEST  
CITY-ST-ZIP BRADENTON FL 34209

TITLE D ☐ DELETE  
NAME HALL, MICHAEL P  
STREET ADDRESS 1121 MARION AVE  
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE D ☒ DELETE  
NAME SHELTON, SUE  
STREET ADDRESS 9018 DEES RD  
CITY-ST-ZIP LAKELAND FL 33809

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition  
1.2 NAME CAROL SHEBER  
1.3 STREET ADDRESS 139 Rose Briar Dr.  
1.4 CITY-ST-ZIP Longwood, FL 32570

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE D ☒ Change ☐ Addition  
4.2 NAME Donna Winstanley  
4.3 STREET ADDRESS 3013 Jim Lee Rd  
4.4 CITY-ST-ZIP Tallahassee, FL 32301

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:



MICHAEL P. HALL

9/13/98

893-2138

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

CR2E037 (5/98)