

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006049

FILED  
Jan 04, 2005  
Secretary of State

**Entity Name:** THE CLASSICAL ASSOCIATION OF FLORIDA, INC.

**Current Principal Place of Business:**

2421 N 40 AVE 108  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

2421 N 40 AVE 108  
HOLLYWOOD, FL 33021

**New Mailing Address:**

**FEI Number:** 59-3481405

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FLETCHER, DAVE  
2421 N 40 AVE 108  
HOLLYWOOD, FL 33021 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: SD ( ) Delete  
Name: CARPENTER, CASEY  
Address: 116 GRANADA LANE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: PD ( ) Delete  
Name: SHELTON, SUE  
Address: 9018 DEES RD  
City-St-Zip: LAKELAND, FL 33809

Title: VD ( ) Delete  
Name: HENSON, JOHN  
Address: 2415 S HIMES AVE  
City-St-Zip: TAMPA, FL 33629

Title: TD ( ) Delete  
Name: FLETCHER, DAVE C  
Address: 2421 N 40 AVE 108  
City-St-Zip: HOLLYWOOD, FL 33021

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

Title: SD (X) Change ( ) Addition  
Name: HAHN, JUDITH  
Address: 4811 KELLY ROAD  
City-St-Zip: TAMPA, FL 33615

Title: PD (X) Change ( ) Addition  
Name: PERKINS, LESLIE  
Address: 2835 KIOWA AVE  
City-St-Zip: ORANGE PARK, FL 32065

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 for the exemption stated in Section 119.07(3)(i), 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: DAVE FLETCHER

TD

01/04/2005

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

\_\_\_\_\_  
Date