

FILED
Feb 21, 2003 8:00 am
Secretary of State

01-29-2003 90307 022 ****61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006049

1. Entity Name

THE CLASSICAL ASSOCIATION OF FLORIDA, INC.



Principal Place of Business

2421 N 40 AVE 108
HOLLYWOOD FL 33021

Mailing Address

2421 N 40 AVE 108
HOLLYWOOD FL 33021

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3481405

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLETCHER, DAVE
2421 N 40 AVE 108
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RIGGLE, MARY
STREET ADDRESS 4723 AVON CT
CITY-ST-ZIP SAINT CLOUD FL 34769 ☒ Delete

TITLE D
NAME WINSTANLEY, DONNA
STREET ADDRESS 3013 JIM LEE ROAD
CITY-ST-ZIP TALLAHASSEE FL 32301 ☒ Delete

TITLE VD
NAME GIRARDEAU, MARIE
STREET ADDRESS 700 SEAGATE AVE
CITY-ST-ZIP NEPTUNE BEACH FL 32266 ☒ Delete

TITLE TD
NAME FLETCHER, DAVE
STREET ADDRESS 2421 N 40 AVE 108
CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Sue Shelton
NAME 9018 Dees Rd
STREET ADDRESS Lakeland FL 33809 ☒ Change ☐ Addition

TITLE VD John Henson
NAME 2415 S. Himes Ave
STREET ADDRESS TAMPA FL 33629 ☒ Change ☐ Addition

TITLE SD Casey Carpenter
NAME 116 Granada Lane
STREET ADDRESS Ponte Vedra Bch, FL 32082 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)