

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000001645

**FILED**  
**Jan 21, 2016**  
**Secretary of State**  
**CC9413449613**

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

**Current Principal Place of Business:**

4981 78TH AVE. N  
PINELLAS PARK, FL 33781

**Current Mailing Address:**

P.O. BOX 1455  
PINELLAS PARK, FL 33782

**FEI Number:** 20-2425321

**Certificate of Status Desired:** Yes

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

BAKER, DANIEL  
4981 78TH AVE. N.  
PINELLAS PARK, FL 33781 US

*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

**Officer/Director Detail :**

Title MR.  
Name BAKER, DANIEL  
Address 4981 78TH AVE N.  
City-State-Zip: PINELLAS PARK FL 33781

Title VP  
Name MILLS, JEFF  
Address 4981 78TH AVE N.  
City-State-Zip: PINELLAS PARK FL 33781

Title SEC  
Name STEVES, PATRICIA  
Address 4981 78TH AVE N.  
City-State-Zip: PINELLAS PARK FL 33781

Title TREA  
Name BLANCHARD, BRIAN  
Address 4981 78TH AVE. N.  
City-State-Zip: PINELLAS PARK FL 33781

Title EXECUTIVE DIRECTOR  
Name MERRIGAN, LORI KIM  
Address 224 ASPEN CIRCLE  
City-State-Zip: SEMINOLE FL 33777

*I hereby 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 all other like empowered.*

**SIGNATURE:** LORI KIM MERRIGAN

**EXECUTIVE DIRECTOR**

**01/21/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date