

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000001775

**Entity Name:** TALLAHASSEE CLASSICAL SCHOOL INC.

**Current Principal Place of Business:**

221 WEST PARK AVE  
#745  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

PO BOX 745  
TALLAHASSEE, FL 32302

**FEI Number: 82-3285428**

**Certificate of Status Desired: No**

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

CAMPBELL, ADRIENNE  
221 WEST PARK AVE  
745  
TALLAHASSEE, FL 32301 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 D  
Name CARBONELL, JAIME  
Address 221 WEST PARK AVE #745  
City-State-Zip: TALLAHASSEE FL 32301

Title D  
Name SAYLER, JANA  
Address 221 WEST PARK AVE #745  
City-State-Zip: TALLAHASSEE FL 32301

Title D  
Name CORCORAN, ANNE  
Address 221 WEST PARK AVE #745  
City-State-Zip: TALLAHASSEE FL 32301

*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: JANA SAYLER**

**DIRECTOR**

**01/12/2018**

Electronic Signature of Signing Officer/Director Detail

Date