


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 12 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 702049 (8)
 1. Corporation Name
TAMPA BAPTIST ACADEMY OF TAMPA, FLORIDA, INC.



Principal Place of Business 300 SLIGH AVENUE EAST TAMPA FL 33604	Mailing Address 300 SLIGH AVENUE EAST TAMPA FL 33604
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/23/1961	3a. Date of Last Report 06/19/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-6082013	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**BODE, BARBARA A.
201 WILLOWICK AVE.
TAMPA FL 33617**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 <input type="checkbox"/> DELETE
NAME	RENNER, DARRELL
STREET ADDRESS	68 MEADOWBROOK DR.
CITY-ST-ZIP	LUTZ FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	BODE, BARBARA A.
STREET ADDRESS	201 WILLOWICK AVE.
CITY-ST-ZIP	TEMPLE TERR FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	DONAHEY, RONALD L
STREET ADDRESS	3314 EHRlich RD
CITY-ST-ZIP	TAMPA FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	PUCKETT, AUDREY
STREET ADDRESS	805 E. LOUISIANA AVE.
CITY-ST-ZIP	TAMPA FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	NEWTON, TERESA
STREET ADDRESS	8202 N ORLEANS AVE.
CITY-ST-ZIP	TAMPA, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	BARRETT, EVA
STREET ADDRESS	12401 N. 22ND ST # C-711
CITY-ST-ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Renner, Darrell
1.3 STREET ADDRESS	same
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Puckett, Audrey
4.3 STREET ADDRESS	same
4.4 CITY-ST-ZIP	
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	HOSKINS STEVEN E.
5.3 STREET ADDRESS	4014 W WATERS AVE. #1203
5.4 CITY-ST-ZIP	TAMPA, FL 33614
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Andrews, Cherie
6.3 STREET ADDRESS	15304 Winkwood Dr
6.4 CITY-ST-ZIP	Tampa, FL 33624

14. I do 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 _____ SIGNATURE REQUIRED *V. Barrett 08/12/97 0111383220*

CR2E037 (4/97)