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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702049 (8)
1. Corporation Name
TAMPA BAPTIST ACADEMY OF TAMPA, FLORIDA, INC.



Principal Place of Business Mailing Address
300 SLIGH AVENUE EAST TAMPA FL 33604
300 SLIGH AVENUE EAST TAMPA FL 33604

3. Date Incorporated or Qualified
02/23/1961
4. FEI Number
59-6082013
Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Tampa, FL 26 300 Sligh Ave. E.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
23 Tampa, FL 28 Tampa, FL
City & State City & State
24 Zip 33604 25 Country USA 29 Zip 33604 30 Country USA

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
BODE, BARBARA A.
201 WILLOWICK AVE. 528 Broxburn Ave
TAMPA FL 33617

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 Barbara A. Bode DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	RENNER, DARRELE 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. 528 Broxburn 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	SD	<input type="checkbox"/> DELETE
NAME	PUCKETT, AUDREY	
STREET ADDRESS	805 E. LOUISIANA AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOSKINSON, STEVEN E	
STREET ADDRESS	4014 W WATERS AVE., #1203	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDREWS, CHERIE	
STREET ADDRESS	15304 WINTERWIND DR	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: Darrell A. Renner 2-10-98 813-238-3229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (10/97)