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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 702049

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



21	2. Principal Place of Business	2a	Mailing Address	3.	Date Incorporated or Qualified	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.	4.	FEI Number	Applied For
22	City & State	27	City & State		59-6082013	Not Applicable
23	Zip	28	Zip	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Country	29	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BODE, BARBARA A. 201 WILLOWICK AVE. TAMPA FL 33617				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD RENNER, DARRELL	1.1 TITLE	PD
NAME	68 MEADOWBROOK DR.	1.2 NAME	
STREET ADDRESS	LUTZ FL	1.3 STREET ADDRESS	2331 MEADOWBROOK DR.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD BODE, BARBARA A.	2.1 TITLE	
NAME	528 BROXBURN AVE	2.2 NAME	
STREET ADDRESS	TEMPLE TERR FL 33617	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	PD DONAHEY, RONALD L	3.1 TITLE	D Vicki Butts
NAME	3314 EHRlich RD	3.2 NAME	10405 Butta Pl
STREET ADDRESS	TAMPA FL	3.3 STREET ADDRESS	Tampa, FL 33618-4119
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD PUCKETT, AUDREY	4.1 TITLE	SD
NAME	805 E. LOUISIANA AVE.	4.2 NAME	TERESA NEWTON
STREET ADDRESS	TAMPA FL	4.3 STREET ADDRESS	8202 N. Orleans Ave.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Tampa, Fla 33604
TITLE	D HOSKINSON, STEVEN E	5.1 TITLE	TD
NAME	4014 W WATERS AVE., #1203	5.2 NAME	CARL Dearstine
STREET ADDRESS	TAMPA, FL 00000	5.3 STREET ADDRESS	6908 N. 16th ST
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Tampa, FL 33610
TITLE	D ANDREWS, CHERIE	6.1 TITLE	D
NAME	15304 WINTERWIND DR	6.2 NAME	STEVE CLOUD
STREET ADDRESS	TAMPA FL	6.3 STREET ADDRESS	6309 15th St
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Tampa, FL 33610

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1-27-99 727/895-7676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)