

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90177 015 ****61.25

DOCUMENT # 702049

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6082013

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	RENNER, DARRELL	
STREET ADDRESS	2331 MEADOWBROOK DR	
CITY-ST-ZIP	LUTZ FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BODE, BARBARA A.	
STREET ADDRESS	528 BROXBURN AVE	
CITY-ST-ZIP	TEMPLE TERR FL 33617	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARTLEY, EVELYN B	
STREET ADDRESS	9618 SPRINGBROOK DR	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NEWTON, TERESA	
STREET ADDRESS	8202 N ORLEANS AVE	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DEARSTINE, CARL	
STREET ADDRESS	6908 N 16TH ST	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAKER, ROBERT A	
STREET ADDRESS	21624 NESTING LT	
CITY-ST-ZIP	LUTZ FL 33549	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara A. Bode* **Barbara A. Bode** 01/11/01 813-238-3229
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)

00012535



DO NOT WRITE IN THIS SPACE