

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

**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



01162006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-6082013	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent

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

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

100000521365  
 05/02/06-80129-018 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 817, 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 4-06-06 813-238-3229  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #