


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2008 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

**DO NOT WRITE IN THIS SPACE**



04282008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
 59-6082013

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Applied For  
 Not Applicable

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HARDING, WILLIAM
STREET ADDRESS	11001 N OREGAN AVE
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	VD
NAME	BODE, BARBARA A.
STREET ADDRESS	528 BROXBURN AVE
CITY-ST-ZIP	TEMPLE TERR, FL 33617
TITLE	D
NAME	HARTLEY, EVELYN B
STREET ADDRESS	9618 SPRINGBROOK DR
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	SD
NAME	NEWTON, TERESA
STREET ADDRESS	8202 N ORLEANS AVE
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	D
NAME	BAKER, ROBERT A
STREET ADDRESS	21624 NESTING LT
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000937782  
 05/27/08-80065-001 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 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** 4-28-08 813-238-3229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #