

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90099 047 ****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



70025904



CHECK HERE IF MAKING CHANGES

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	NAME RENNER, DARRELL	TITLE D	NAME Kenny Alvarez
STREET ADDRESS 2331 MEADOWBROOK DR	CITY-ST-ZIP LUTZ FL	STREET ADDRESS 28732 Thomasville Place	CITY-ST-ZIP Wesley Chapel, FL 33544
TITLE VD	NAME BODE, BARBARA A.	TITLE D	NAME Roth Vassar
STREET ADDRESS 528 BROXBURN AVE	CITY-ST-ZIP TEMPLE TERRA FL 33617	STREET ADDRESS 807 E Louisiana Avenue	CITY-ST-ZIP Tampa, FL 33603
TITLE D	NAME HARTLEY, EVELYN B	TITLE	NAME
STREET ADDRESS 9618 SPRINGBROOK DR	CITY-ST-ZIP RIVERVIEW FL 33569	STREET ADDRESS	CITY-ST-ZIP
TITLE SD	NAME NEWTON, TERESA	TITLE	NAME
STREET ADDRESS 8202 N ORLEANS AVE	CITY-ST-ZIP TAMPA FL 33604	STREET ADDRESS	CITY-ST-ZIP
TITLE TD	NAME DEARSTINE, CARL	TITLE	NAME
STREET ADDRESS 6908 N 16TH ST	CITY-ST-ZIP TAMPA FL 33610	STREET ADDRESS	CITY-ST-ZIP
TITLE D	NAME BAKER, ROBERT A	TITLE	NAME
STREET ADDRESS 21624 NESTING LT	CITY-ST-ZIP LUTZ FL 33549	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 Bode* REQUIR Bode

3-03-03 238-3229

CR2E037 (10/02)