

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 698551

1. Entity Name
HYDE PARK DAY SCHOOL, INC.



FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90071 003 ***150.00

Principal Place of Business

909 HORATIO STREET
TAMPA, FL 33606

Mailing Address

909 HORATIO STREET
TAMPA, FL 33606



03292008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2119640

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ADDISON, JOYCE C
909 W. HORATIO ST.
TAMPA, FL 33606-2611

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	O'BRIEN, MICHAEL
STREET ADDRESS	12025 NO. UMBERLAND DR.
CITY-ST-ZIP	TAMPA, FL 33626
TITLE	VPD
NAME	TERRY, BILL
STREET ADDRESS	9009 HORATION ST.
CITY-ST-ZIP	TAMPA, FL 336062611
TITLE	STD
NAME	TERRY, MARIE C
STREET ADDRESS	909 HORATIO ST.
CITY-ST-ZIP	TAMPA, FL 336062611
TITLE	D
NAME	O'BRIEN, THOMAS P
STREET ADDRESS	909 HORATIO ST.
CITY-ST-ZIP	TAMPA, FL 336062611
TITLE	P.D.
NAME	Addison, Joyce C,
STREET ADDRESS	909 Horatio St.
CITY-ST-ZIP	Tampa, Florida 33606-2611
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 607, 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/08

Date

Daytime Phone

813-282-4875


ATTACHMENT

FILED

Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90039 045 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 698551 1. Entity Name HYDE PARK DAY SCHOOL, INC.	
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Principal Place of Business 909 HORATIO STREET TAMPA, FL 33606	Mailing Address 909 HORATIO STREET TAMPA, FL 33606
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DO NOT WRITE IN THIS SPACE

03182007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2119840	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 ADDISON, JOYCE C 909 W. HORATIO ST. TAMPA, FL 33606-2611	DO NOT WRITE IN THIS SPACE
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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)FILE NOW! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.009. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADDISON, JOYCE C 909 HORATIO ST. TAMPA, FL 33606-2611	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director O'Brien, Michael J. 12025 No. Waverland Dr. Tampa, Florida 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TERRY, BILL 909 HORATIO ST. TAMPA, FL 33606-2611	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TERRY, MARIE C 909 HORATIO ST. TAMPA, FL 33606-2611	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'BRIEN, THOMAS P 909 HORATIO ST. TAMPA, FL 33606-2611	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 607, 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: Marie C. Terry, STD Marie C. Terry 4-5-07 813-282-4875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Why was PD omitted from 2008 + ?