

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 12 1997 8:00am
Secretary of State

DOCUMENT # 702049 (8)
1. Corporation Name
TAMPA BAPTIST ACADEMY OF TAMPA, FLORIDA, INC.



Principal Place of Business Mailing Address
300 SLIGH AVENUE EAST 300 SLIGH AVENUE EAST
TAMPA FL 33604 TAMPA FL 33604

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		02/23/1961		06/19/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-6082013		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Zip		Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

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

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENNER, DARRELL	1.2 NAME	Renner, Darrell
STREET ADDRESS	68 MEADOWBROOK DR.	1.3 STREET ADDRESS	Same
CITY-ST-ZIP	LUTZ FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	BODE, BARBARA A.	2.2 NAME	
STREET ADDRESS	201 WILLOWICK AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERR FL	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	DONAHEY, RONALD L	3.2 NAME	
STREET ADDRESS	3314 EHRlich RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUCKETT, AUDREY	4.2 NAME	Puckett, Audrey
STREET ADDRESS	805 E. LOUISIANA AVE.	4.3 STREET ADDRESS	Same
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWTON, TERESA	5.2 NAME	HOSKINS, STEVEN E.
STREET ADDRESS	8202 N ORLEANS AVE.	5.3 STREET ADDRESS	4014 W WATERS AVE. #1203
CITY-ST-ZIP	TAMPA, FL 00000	5.4 CITY-ST-ZIP	TAMPA, FL 33614
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRETT, EVA	6.2 NAME	Andrews, Cherie
STREET ADDRESS	12401 N. 22ND ST # C-711	6.3 STREET ADDRESS	15304 Winkwood Dr
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	Tampa, FL 33624

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ SIGNATURE REQUIRED _____

CR2E037 (4/97)