

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 702049 (8)
1. Corporation 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
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3. Date Incorporated or Qualified 02/23/1961	4. FEI Number 59-6082013	Applied For Not Applicable
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2. Principal Place of Business 21. <u>Tampa, FL</u> Suite, Apt. #, etc. 22. <u> </u> City & State 23. <u>Tampa, FL</u> Zip 24. <u>33604</u> Country 25. <u>USA</u>	2a. Mailing Address 26. <u>300 Sligh Ave. E.</u> Suite, Apt. #, etc. 27. <u> </u> City & State 28. <u>Tampa, FL</u> Zip 29. <u>33604</u> Country 30. <u>USA</u>
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BODE, BARBARA A. 201 WILLOWICK AVE. TAMPA FL 33617	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code
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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 Barbara A. Bode (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENNER, DARRELE <u>Darrell</u>	1.2 NAME	
STREET ADDRESS	68 MEADOWBROOK DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BODE, BARBARA A.	2.2 NAME	
STREET ADDRESS	201 WILLOWICK AVE. <u>528 Broxburn Ave</u>	2.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERR FL	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUCKETT, AUDREY	4.2 NAME	
STREET ADDRESS	805 E. LOUISIANA AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOSKINSON, STEVEN E	5.2 NAME	
STREET ADDRESS	4014 W WATERS AVE., #1203	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, CHERIE	6.2 NAME	
STREET ADDRESS	15304 WINTERWIND DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	

14. 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 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: Darrell A. Renner 2-10-98 813-238-3229

CR2E037 (10/97)