

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

*[Handwritten Signature]*

FILED

04 JAN 26 PM 1:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01062004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

**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, 2004**

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME RENNER, DARRELL  
STREET ADDRESS 2331 MEADOWBROOK DR  
CITY-ST-ZIP LUTZ, FL

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 TD  
NAME DEARSTINE, CARL  
STREET ADDRESS 6908 N 16TH ST  
CITY-ST-ZIP TAMPA, FL 33610

TITLE D  
NAME BAKER, ROBERT A  
STREET ADDRESS 21624 NESTING LT  
CITY-ST-ZIP LUTZ, FL 33549

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03/23/04--01069--002 \*\*61.25

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IN THIS SPACE**

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 A Bode Barbara A. Bode 1-21-04 813-238-3229  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #