

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2005 08:00 AM
Secretary of State

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



02172005 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 ☐ \$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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD RENNER, DARRELL 2331 MEADOWBROOK DR LUTZ, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BODE, BARBARA A. 528 BROXBURN AVE TEMPLE TERR, FL 33617 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HARTLEY, EVELYN B 9618 SPRINGBROOK DR RIVERVIEW, FL 33569 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD NEWTON, TERESA 8202 N ORLEANS AVE TAMPA, FL 33604 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD DEARSTINE, CARL 6908 N 16TH ST TAMPA, FL 33610 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BAKER, ROBERT A 21624 NESTING LT LUTZ, FL 33549 |

U00000300592
04/12/05-80027-001 61.25

**DO NOT WRITE
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)(f), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-05

Date

813-238-3229

Daytime Phone #