

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 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**



01162006 No Chg-NP CR2E037 (11/05)

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, 2006**

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

100000521365
05/02/06-80129-018 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 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 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** 4-06-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-238-3229