

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90080 009 ****61.25

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**

40075718



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-6082013

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE PD
NAME William S. Harding
STREET ADDRESS 11001 N. Oregon Ave.
CITY-ST-ZIP Tampa, FL 33612 ☐ Change ☒ Addition

TITLE VD
NAME BODE, BARBARA A.
STREET ADDRESS 528 BROXBURN AVE
CITY-ST-ZIP TEMPLE TERR, FL 33617 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME HARTLEY, EVELYN B
STREET ADDRESS 9618 SPRINGBROOK DR
CITY-ST-ZIP RIVERVIEW, FL 33569 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME NEWTON, TERESA
STREET ADDRESS 8202 N ORLEANS AVE
CITY-ST-ZIP TAMPA, FL 33604 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 04-11-07 813-238-3229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #