

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 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**



04282008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-6082013**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	HARDING, WILLIAM
STREET ADDRESS	11001 N OREGAN AVE
CITY-ST-ZIP	TAMPA, FL 33612
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	D
NAME	BAKER, ROBERT A
STREET ADDRESS	21624 NESTING LT
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD00000937782  
05/27/08-80065-001 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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**

**4-28-08**

**813-238-3229**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #