

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702049

FILED
Jun 30, 2009
Secretary of State

Entity Name: TAMPA BAPTIST ACADEMY OF TAMPA, FLORIDA, INC.

Current Principal Place of Business:

300 SLIGH AVENUE EAST
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

300 SLIGH AVENUE EAST
TAMPA, FL 33604

New Mailing Address:

FEI Number: 59-6082013 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HARDING, WILLIAM
Address: 11001 N OREGAN AVE
City-St-Zip: TAMPA, FL 33612

Title: VD () Delete
Name: BODE, BARBARA A.
Address: 528 BROXBURN AVE
City-St-Zip: TEMPLE TERR, FL 33617

Title: D () Delete
Name: HARTLEY, EVELYN B
Address: 9618 SPRINGBROOK DR
City-St-Zip: RIVERVIEW, FL 33569

Title: SD () Delete
Name: NEWTON, TERESA
Address: 8202 N ORLEANS AVE
City-St-Zip: TAMPA, FL 33604

Title: D () Delete
Name: BAKER, ROBERT A
Address: 21624 NESTING LT
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA BODE

VD

06/30/2009

Electronic Signature of Signing Officer or Director

Date