

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702049

FILED  
Jan 04, 2012  
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 (X)**

**Name and Address of Current Registered Agent:**

BODE, BARBARA A  
528 BROXBURN 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  
Name: HARDING, WILLIAM  
Address: 11001 N OREGAN AVE  
City-St-Zip: TAMPA, FL 33612

Title: VD  
Name: BROWN, WILLIAM  
Address: 7301 EGYPT LAKE DR.  
City-St-Zip: TAMPA, FL 33614

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM T. BROWN

VD

01/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date