

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 719584 (5)  
1. Corporation Name

INDEPENDENT DAY SCHOOL OF TAMPA, INC.



Principal Place of Business  
12015 ORANGE GROVE DR  
TAMPA FL 33618

Mailing Address  
12015 ORANGE GROVE DR  
TAMPA FL 33618

3. Date Incorporated or Qualified  
10/27/1970

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
59-1282306

Applied For  
Not Applicable

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

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORBETT, CORNELIA  
1043 GUI SANDO COURT  
TAMPA FL 33613

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when substituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME CORBETT, CORNELIA

STREET ADDRESS 1043 GUI SANDO CT

CITY-ST-ZIP TAMPA FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS Same

1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE

NAME EULIANO, MARK

STREET ADDRESS 6512 THOROUGHbred LOOP

CITY-ST-ZIP ODESSA FL

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME VD

2.3 STREET ADDRESS Jane Buchanan

2.4 CITY-ST-ZIP 6211 Emmons Lane Tampa, FL 33647

TITLE SD ☐ DELETE

NAME HOWER, ALVIN

STREET ADDRESS 8718 RENFREW PLACE

CITY-ST-ZIP TAMPA FL

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME SD

3.3 STREET ADDRESS Gail Decker

3.4 CITY-ST-ZIP 15127 Contoy Place Tampa, FL 33618

TITLE TD ☐ DELETE

NAME OSTRENKO, WIT

STREET ADDRESS 15323 WINDING CREEK DR

CITY-ST-ZIP TAMPA FL

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME TD

4.3 STREET ADDRESS BRUCE DAVIES

4.4 CITY-ST-ZIP 5314 WITHAM CRT TAMPA, FL 33647

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment, with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANE K. BUCHANAN 2-15-96 (813) 961-3087

Date

Day/Time Phone #

CR2E037 (12/95)