

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90078 017 \*\*\*\*70.00

**DOCUMENT # 719584**

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1282306

Applied For

Not Applicable

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

CONLIN, JAMES S  
1608 HAMPTON LANE  
SAFETY HARBOR FL 34695

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CONLIN, JAMES S	
STREET ADDRESS	1608 HAMPTON LANE	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	EPANCHIN, BETTY	
STREET ADDRESS	16807 SHEFFIELD PARK DRIVE	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	S	<input type="checkbox"/> Delete
NAME	STILES, PAUL	
STREET ADDRESS	13724 WALBROOKE DRIVE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DAVIES, BRUCE	
STREET ADDRESS	10247 GARDEN ALCOVE DRIVE	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stewart, Dr. Mark	
STREET ADDRESS	16807 Sheffield Park Drive	
CITY-ST-ZIP	Lutz, FL 33549	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Billie Vallero	
STREET ADDRESS	10247 Garden Alcoe Drive	
CITY-ST-ZIP	Tampa, FL 33647	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-04

Date

Daytime Phone #