



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2008 8:00 am
Secretary of State

08-15-2008 90002 032 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1282306	
5. Certificate of Status Desired				Applied For <input type="checkbox"/> Not Applicable	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONLIN, JAMES S		NAME		
STREET ADDRESS	1608 HAMPTON LANE		STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR, FL 34695		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEWART, MARK DR.		NAME		
STREET ADDRESS	16807 SHEFFIELD PARK DR.		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STILES, PAUL		NAME		
STREET ADDRESS	13724 WALBROOKE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33624		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VALLOREO, BILLIE		NAME	John Tomlin	
STREET ADDRESS	10247 GARDEN ALCOVE DR.		STREET ADDRESS	18008 Clear Lake Drive	
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP	Lutz, FL 33548	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			James S Conlin		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 8/14/08 Daytime Phone # 813 961 3087		