

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N01706 (3)
1. Corporation Name
TAMPA BAPTIST ACADEMY FOUNDATION, INCORPORATED



Principal Place of Business %J. JAMES HARTLEY 300 SLIGH AVENUE EAST TAMPA FL 33604	Mailing Address %J. JAMES HARTLEY 300 SLIGH AVENUE EAST TAMPA FL 33604
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3. Date Incorporated or Qualified 03/01/1984	
4. FEI Number 59-2450485	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**J. JAMES HARTLEY
9618 SPRINGBROOK DR
RIVERVIEW FL**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D	<input type="checkbox"/> DELETE
NAME BRANNON, TRICIA	
STREET ADDRESS 4907 N. FLORIDA AVE	
CITY-ST-ZIP TAMPA FL	
TITLE D	<input type="checkbox"/> DELETE
NAME DONAHEY, RON	
STREET ADDRESS 3314 EHRlich	
CITY-ST-ZIP TAMPA FL	
TITLE DP	<input type="checkbox"/> DELETE
NAME HARTLEY, JAMES	
STREET ADDRESS 9618 SPRINGBROOK DRIVE	
CITY-ST-ZIP RIVERVIEW FL	
TITLE DST	<input checked="" type="checkbox"/> DELETE
NAME MCNATT, MONROE	
STREET ADDRESS 915 W. BRADDOCK	
CITY-ST-ZIP TAMPA FL	
TITLE VP	<input type="checkbox"/> DELETE
NAME LLOYD, HERBERT	
STREET ADDRESS 18719 GERACI, RD.	
CITY-ST-ZIP LUTZ FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DST SANDERS, WILLIAM
4.3 STREET ADDRESS	11207 CARROLLWOOD DR.
4.4 CITY-ST-ZIP	TAMPA FL 33618
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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:

[Handwritten Signature] 3/16/98

CR2E037 (10/97)