

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N01706

1. Entity 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**



04112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2450485

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BRANNON, TRICIA
4907 N. FLORIDA AVE
TAMPA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DONAHEY, RON
3314 EHRLICH
TAMPA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
HARTLEY, JAMES
9618 SPRINGBROOK DRIVE
RIVERVIEW, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
SANDERS, WILLIAM
11207 CARROLLWOOD DRIVE
TAMPA, FL 33618**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
LLOYD, HERBERT
18719 GERACI, RD.
LUTZ, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 517, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #