# 2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 OCT 11 AM 8:00

DOCUMENT # N02000004216

1. Entity Name
TAMPA CHRISTIAN COMMUNITY SCHOOL, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 13320 LAKE MAGDALENE BLVD.<br>TAMPA, FL 33618 | P.O. BOX 341193<br>TAMPA, FL 33694-1193 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

08262004 Chg-NP CR2E037 (10/03) MES

4. FEI Number 03-0436238 ☐ 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 |
|---|---|
| SULLIVAN, STEPHEN C ESQ.<br>HINES NORMAN HINES & SULLIVAN P.L.<br>315 SOUTH HYDE PARK AVENUE<br>TAMPA, FL 33606 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 Melissa Walker 10/7/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Amended AR is $61.25**

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>BUTTERLY, GEORGE<br>602 WARREN RD.<br>LUTZ, FL 33548 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | delete George Butterly as a member ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MAYER, MATTHEW<br>3317 MORAN RD.<br>TAMPA, FL 33618 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 400041768854<br>10/11/04--01017--021 **70.00 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>WALKER, MELISSA<br>15307 LAKE BELLA VISTA DRIVE<br>TAMPA, FL 33625 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ENGET, JOANN<br>5512 DARK STAR LOOP<br>WESLEY CHAPEL, FL 33544 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SMITH, TRACY<br>1607 N. 51ST ST.<br>TEMPLE TERRACE, FL 33617 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Treasurer ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MAYER, LUISA<br>13528 WESTSHIRE DR.<br>TAMPA, FL 33618 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Secretary ☒ Change ☐ Addition |

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:** Melissa Walker 10/7/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #