2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2005
Secretary of State

DOCUMENT# N02000004216

Entity Name: TAMPA CHRISTIAN COMMUNITY SCHOOL, INC.

Current Principal Place of Business:

13320 LAKE MAGDALENE BLVD.
TAMPA, FL 33618

New Principal Place of Business:

5902 N. HIMES AVENUE
TAMPA, FL 33614

Current Mailing Address:

P.O. BOX 341193
TAMPA, FL 336941193

New Mailing Address:

FEI Number: 03-0436238 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SULLIVAN, STEPHEN C ESQ.
HINES NORMAN HINES & SULLIVAN P.L.
315 SOUTH HYDE PARK AVENUE
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MAYER, MATTHEW
Address: 3317 MORAN RD.
City-St-Zip: TAMPA, FL 33618

Title: PD ( ) Delete
Name: WALKER, MELISSA
Address: 15307 LAKE BELLA VISTA DRIVE
City-St-Zip: TAMPA, FL 33625

Title: D ( ) Delete
Name: ENGET, JOANN
Address: 5512 DARK STAR LOOP
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: TD ( ) Delete
Name: SMITH, TRACY
Address: 1607 N. 51ST ST.
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: SD ( ) Delete
Name: MAYER, LUISA
Address: 13528 WESTSHIRE DR.
City-St-Zip: TAMPA, FL 33618 `

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELISSA WALKER PD 01/08/2005

Electronic Signature of Signing Officer or Director — Date