2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# N02000004216

Entity Name: TAMPA CHRISTIAN COMMUNITY SCHOOL, INC.

Current Principal Place of Business:

5902 N. HIMES AVENUE
TAMPA, FL 33614

New Principal Place of Business:

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:	BRYANT, GREG	
Address:	13023 WHISPER SOUND DR	
City-St-Zip:	TAMPA, FL 33624	
Title:	PD	( ) Delete
Name:	WALKER, MELISSA	
Address:	1536 ABYSS DRIVE	
City-St-Zip:	ODESSA, FL 33556	
Title:	D	( ) Delete
Name:	ENGET, JOANN	
Address:	21455 LAKE SHARON DRIVE	
City-St-Zip:	LAND O LAKES, FL 34638	
Title:	TD	( ) Delete
Name:	SMITH, TRACY	
Address:	1607 N. 51ST ST.	
City-St-Zip:	TEMPLE TERRACE, FL 33617	
Title:	SD	( ) Delete
Name:	BROWN, LYNNE	
Address:	1403 POPE PLACE	
City-St-Zip:	LUTZ, FL 33549 `	
Title:	D	( ) Delete
Name:	FONTANA, CHRIS	
Address:	27733 KIRKWOOD CIRCLE	
City-St-Zip:	WESLEY CHAPEL, FL 33543	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	D	(X) Change ( ) Addition
Name:	BROCK, TREY	
Address:	14020 WOLCOTT DRIVE	
City-St-Zip:	TAMPA, FL 33624	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	KEITER, JENNI	
Address:	18713 CHAVILLE ROAD	
City-St-Zip:	LUTZ, FL 33558	
Title:	TD	(X) Change ( ) Addition
Name:	BROWN, LYNNE	
Address:	1403 POPE PLACE	
City-St-Zip:	LUTZ, FL 33549	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 03/24/2009

Electronic Signature of Signing Officer or Director — Date