

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22914

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: FRIENDS OF TAMPA DAY SCHOOL, INC.

**Current Principal Place of Business:**

12606 HENDERSON RD.  
TAMPA, FL 33625 US

**New Principal Place of Business:**

**Current Mailing Address:**

12606 HENDERSON RD.  
TAMPA, FL 33625 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOWATT-GREENE, ANDREA M  
15104 SHAW ROAD  
TAMPA, FL 33625 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: VC ( ) Delete  
Name: FUNDS, LYNNE  
Address: 10002 HAMPTON PLACE  
City-St-Zip: TAMPA, FL 33618

Title: T ( ) Delete  
Name: CROWDER, SHEFF  
Address: 1208 S. ALBANY  
City-St-Zip: TAMPA, FL 33606

Title: SL ( ) Delete  
Name: MOWATT-GREENE, ANDREA  
Address: 15104 SHAW ROAD  
City-St-Zip: TAMPA, FL 33625

Title: S ( ) Delete  
Name: SIMS, DAWN  
Address: 9425 BLUEBIRD DR.  
City-St-Zip: TAMPA, FL 33625

Title: C ( ) Delete  
Name: JESSON, JERI  
Address: 4904 LYFORD CAY ROAD  
City-St-Zip: TAMPA, FL 33629

**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: ANDREA MOWATT-GREENE

SL

04/26/2005

Electronic Signature of Signing Officer or Director

Date