2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22914

FILED Apr 26, 2005 Secretary of State

Entity Name: FRIENDS OF TAMPA DAY SCHOOL INC.

12606 HENDERSON RD. TAMPA, FL 33625 US Current Mailing Address: New Mailing Address: 12606 HENDERSON RD. TAMPA, FL 33625 US FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate Name and Address of Current Registered Agent: Name and Address of New Regist MOWATT-GREENE, ANDREA M 15104 SHAW ROAD TAMPA, FL 33625 US The above named entity submits this statement for the purpose of changing its registered office or reg in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFIC Title: VC () Delete Name: FUNDS, LYNNE Name: Address: City-St-Zip: TAMPA, FL 33618 City-St-Zip: TAMPA, FL 33618 City-St-Zip: TAMPA, FL 33618 City-St-Zip: TAMPA, FL 33606 City-St-Zip: TAMPA, FL 33606 City-St-Zip: TAMPA, FL 33625 Title: S () Delete Name: MOWATT-GREENE, ANDREA Name: SIMS, DAWN Address: City-St-Zip: Title: S () Delete Name: SIMS, DAWN Name: SIMS, DAWN Name: MAddress: City-St-Zip: Title: C () Change () Name:	-intity Maii	e. PRIENDS OF TAIVIPA DAT SCHOOL	DL, INC.		
Current Mailing Address: New Mailing Address: 12606 HENDERSON RD. TAMPA, FL 33625 US	Current Pr	incipal Place of Business:	New Principal Place	New Principal Place of Business:	
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TAMPA, FL 33625 US	Current Ma	niling Address:	New Mailing Addres	s:	
Name and Address of Current Registered Agent: MOWATT-GREENE, ANDREA M 15104 SHAW ROAD TAMPA, FL 33625 US The above named entity submits this statement for the purpose of changing its registered office or reg in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent					
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Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICE Title: VC () Delete Title: () Change () Name: FUNDS, LYNNE Name: Address: 10002 HAMPTON PLACE Address: City-St-Zip: TAMPA, FL 33618 Title: T () Delete Title: () Change () Name: CROWDER, SHEFF Name: Address: 1208 S. ALBANY Address: City-St-Zip: TAMPA, FL 33606 City-St-Zip: TAMPA, FL 33606 Title: SL () Delete Title: () Change () Name: MOWATT-GREENE, ANDREA Address: 15104 SHAW ROAD Address: City-St-Zip: TAMPA, FL 33625 Title: S () Delete Title: () Change () Name: MOWATT-GREENE, ANDREA Address: City-St-Zip: TAMPA, FL 33625 Title: S () Delete Title: () Change () Name: SIMS, DAWN Name: Address: 9425 BLUEBIRD DR. Address: City-St-Zip: TAMPA, FL 33625 Title: C () Delete Title: () Change () Name: JESSON, JERI Name: Address: 4904 LYFORD CAY ROAD Address:	15104 SHA TAMPA, FL The above I	W ROAD 33625 US named entity submits this statement for	the purpose of changing its registere	d office or registered agent, or both,	
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICE Title: VC () Delete Title: () Change () Name: Address: 10002 HAMPTON PLACE Address: City-St-Zip: TAMPA, FL 33618 Title: T () Delete Title: () Change () Name: Address: 1208 S. ALBANY Title: SL () Delete Title: () Change () Name: MOWATT-GREENE, ANDREA Name: Address: 15104 SHAW ROAD ADDRESS ROAD Address: 15104 SHAW ROAD ADDRESS ROAD	SIGNATUR				
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Oky Ot 21p.	Name:	JESSON, JERÍ	Name:	() Change () Addition	

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