2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2006 8:00 am Secretary of State

DOCUMENT # N22914 1. Entity Name FRIENDS OF TAMPA DAY SCHOOL, INC.								(01-23-2006 9	90111 04	9 ****61	25
Principal Place of Business 12606 HENDERSON RD. TAMPA, FL 33625 US			1260	Mailing Address 12606 HENDERSON RD. TAMPA, FL 33625 US				•				
2. Principal Place of Business 3. N				. Mailing Address								
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				01092006	Chg-NP	CR2E03	37 (11/05)	
City & State			Cit	City & State				4. FEI Number NOT APP	LICABLE		_ 	plied For t Applicable
Zip	Country			Zip Co				5. Certificate of	Status Desired		\$8.75 Add Fee Required	
	d Agent		Name		7. Name and A	ddress of New R	legistered /	Agent				
MOWATT-GREENE, ANDREA M						Street Address (P.O. Box Number is Not Acceptable)						
15104 SHAW ROAD TAMPA, FL 33625						Silver Acceptable)						
						City	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												
Filing Fee is \$61.25 Due by May 1, 2006 9. Election Campaign Trust Fund Contrib								\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
10.	I	OFFICERS AND DIR	ECTORS		11.			DDITIONS/CHAN				
NAME STREET ADDRESS CITY-ST-ZIP		LYNNE AMPTON PLACE FL 33618		Delete		T ADORESS ST-ZIP	١٧٠	of Deve	iopmen i		⊠ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CROWDER, SHEFF 1208 S. ALBANY TAMPA, FL 33606			⊠ Delete		T ADDRESS ST-ZIP	AZI	VC of Finance Azneer Marianne 2206 Cypress Hollow CT. Safety Harbor, Fl 341				Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SL MOWATT-GREENE, ANDREA 15104 SHAW ROAD TAMPA, FL 33625			☐ Delete			mei	mber at 150n , Fo Coffee I Peters b	Large ay DOT RIV	ıėra	□ Change <i>N E</i>	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		AWN JEBIRD DR. FL 33625		☐ Delete		T ADDRESS ST-ZIP			,,		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		, JERI FORD CAY ROAD FL 33629		☐ Delete			Pas ·	r Preside	PAT		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			Vaz 908 Lar	equez, D Oa Kwo go, fl	r. Paul od Orio 33770) /e) _	Change	Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 attach hant with an address, with all other like empowered.												
SIGNAT	SIGNATURE: 120 0 (e SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICEROR DIRECTOR Date Dayling Phone #											