

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N50286 (6)

1. Corporation Name

TAMPA EDUCATIONAL ACADEMY OF CHRISTIAN HERITAGE,  
INC.



Principal Place of Business

503 WEST HENRY AVE.  
TAMPA FL 33604

Mailing Address

P. O. BOX 360381  
TAMPA FL 33673

3. Date Incorporated or Qualified  
06/04/1992

3a. Date of Last Report  
02/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3146581

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUNLOP, DOUGLAS A.  
503 W. HENRY AVE.  
TAMPA FL 33604

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

☐ DELETE

NAME

DUNLOP, DOUGLAS A.

STREET ADDRESS

503 W. HENRY AVE.

CITY-ST-ZIP

TAMPA FL

TITLE

D

☐ DELETE

NAME

DUNLOP, BARBARA J.

STREET ADDRESS

503 W. HENRY AVE.

CITY-ST-ZIP

TAMPA FL

TITLE

D

☐ DELETE

NAME

ALBERT, KATHLEEN ANN

STREET ADDRESS

215 W. HIAWATHA ST.

CITY-ST-ZIP

TAMPA FL

TITLE

D

☐ DELETE

NAME

LISA DUNLOP,

STREET ADDRESS

503 W. HENRY AVE.

CITY-ST-ZIP

TAMPA FL 33604

TITLE

D

☐ DELETE

NAME

JUDY HIMES,

STREET ADDRESS

19851 LEONARD RD.

CITY-ST-ZIP

LUTZ FL 33549

TITLE

D

☐ DELETE

NAME

JUDY HIMES,

STREET ADDRESS

19851 LEONARD RD.

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TITLE

D

☐ DELETE

NAME

JUDY HIMES,

STREET ADDRESS

19851 LEONARD RD.

CITY-ST-ZIP

LUTZ FL 33549

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Barbara J. Dunlop Barbara J. Dunlop 2/13/96 (813) 238-6837

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)