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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N50286

1. Corporation Name

TAMPA EDUCATIONAL ACADEMY OF CHRISTIAN HERITAGE, INC.

Principal Place of Business

Mailing Address

503 WEST HENRY AVE.
TAMPA FL 33604

P. O. BOX 360381
TAMPA FL 33673



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/04/1992	
21 Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		4. FEI Number 59-3146581	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27	City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28	Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	25	Country			
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	85 Zip Code	FL

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUNLOP, DOUGLAS A.	1.2 NAME	Kathleen M. Lavelly
STREET ADDRESS	503 W. HENRY AVE.	1.3 STREET ADDRESS	1119 Bristolwood St.
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Brandon, FL 33510
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUNLOP, BARBARA J.	2.2 NAME	JoAnne Z. McNabb
STREET ADDRESS	503 W. HENRY AVE.	2.3 STREET ADDRESS	2404 S. Clark Ave
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, FL 33629
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	
NAME	ALBERT, KATHLEEN ANN	3.2 NAME	
STREET ADDRESS	215 W. HIAWATHA ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	LISA DUNLOP,	4.2 NAME	
STREET ADDRESS	503 W. HENRY AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33604	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	JUDY HIMES,	5.2 NAME	
STREET ADDRESS	19851 LEONARD RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33549	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	JoAnne Z. McNabb	6.2 NAME	
STREET ADDRESS	2404 S. Clark Ave	6.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33629	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Barbara J. Dunlop **SIGNATURE REQUIRED** Barbara J. Dunlop 4/28/99 (813) 238-6837

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)