2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004
Secretary of State

DOCUMENT# N50286

Entity Name: TAMPA EDUCATIONAL ACADEMY OF CHRISTIAN HERITAGE, INC.

Current Principal Place of Business:

2518 REGAL OAKS LANE
LUTZ, FL 33549 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2264
LUTZ, FL 335482264

New Mailing Address:

FEI Number: 59-3146581 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUNLOP, DOUGLAS A.
2518 REGAL OAKS LANE
LUTZ, FL 33549 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: D ( ) Delete
Name: DUNLOP, DOUGLAS A.,
Address: 2518 REGAL OAKS LANE
City-St-Zip: LUTZ, FL 33549

Title: D ( ) Delete
Name: DUNLOP, BARBARA J.,
Address: 2518 REGAL OAKS LANE
City-St-Zip: LUTZ, FL 33549

Title: D (X) Delete
Name: LAVELY, KATHLEEN M
Address: 1119 BRISTOL WOOD ST
City-St-Zip: BRANDON, FL 33510

Title: D (X) Delete
Name: DUNLOP, LISA
Address: 2518 REGAL OAKS LANE
City-St-Zip: TAMPA, FL 33549

Title: D ( ) Delete
Name: DUNLOP, MATTHEW S
Address: 2518 REGAL OAKS LANE
City-St-Zip: LUTZ, FL 33549

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: BARBARA J. DUNLOP D 03/29/2004

Electronic Signature of Signing Officer or Director — Date