

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50286

FILED  
May 23, 2005  
Secretary of State

**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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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 ( ) 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:

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

MRS

05/23/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date