

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003795

FILED
Apr 23, 2009
Secretary of State

Entity Name: THE TAMPA BAY ACADEMY OF HOPE, INC.

Current Principal Place of Business:

1702 N. NEBRASKA AVE.
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

1702 N. NEBRASKA AVE.
TAMPA, FL 33602

New Mailing Address:

FEI Number: 59-3390040

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EVANS, JAMES M
1702 N. NEBRASKA AVENUE
TAMPA, FL 336022522 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: COB () Delete
Name: WINSHIP, CHUCK
Address: 5510 WEST LASALLE STREET SUITE 200
City-St-Zip: TAMPA, FL 33602

Title: VC () Delete
Name: AMY, MCCLURE L
Address: 3910 WEST BAY VILLA AVE
City-St-Zip: TAMPA, FL 33611 US

Title: T () Delete
Name: GAIL, EVANS
Address: 19006 SILVERBROOK DR
City-St-Zip: TAMPA, FL 33674

Title: SEC () Delete
Name: HERBERT, WEBSTER
Address: 5492 FRIARSWAY DR.
City-St-Zip: TAMPA, FL 33624

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JAMES M. EVANS

ED

04/23/2009

Electronic Signature of Signing Officer or Director

Date