

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90205 014 ****70.00

DOCUMENT # N97000001974

1. Corporation Name

CHARTER SCHOOL OF TAMPA BAY ACADEMY, INC.

419183 - 90205 - 14

Principal Place of Business
12012 BOYETTE ROAD
RIVERVIEW FL 33569

Mailing Address
12012 BOYETTE ROAD
RIVERVIEW FL 33569



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	04/08/1997
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3444151
City & State	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Zip	
24	29	30

9. Name and Address of Current Registered Agent

HOEFLE, EDWARD C
8912 EAGLE WATCH DRIVE
RIVERVIEW FL 33569

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOEFLE, EDWARD C	1.2 NAME	
STREET ADDRESS	12012 BOYETTE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL 33569	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSS, SANDRA	2.2 NAME	
STREET ADDRESS	12012 BOYETTE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL 33569	2.4 CITY-ST-ZIP	
TITLE	DST	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, ARNOLD	3.2 NAME	
STREET ADDRESS	12012 BOYETTE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL 33569	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCCASEN, RAY	4.2 NAME	
STREET ADDRESS	12012 BOYETTE RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL 33569	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUNN, MACK	5.2 NAME	
STREET ADDRESS	12012 BOYETTE RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL 33569	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99

Date

(813) 677-6700

Daytime Phone #

CR2E037 (11/98)