

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001974

FILED
Apr 05, 2005
Secretary of State

Entity Name: CHARTER SCHOOL OF TAMPA BAY ACADEMY, INC.

Current Principal Place of Business:

12012 BOYETTE ROAD
RIVERVIEW, FL 33569

New Principal Place of Business:

Current Mailing Address:

12012 BOYETTE ROAD
RIVERVIEW, FL 33569

New Mailing Address:

FEI Number: 59-3444151

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOEFLE, EDWARD C
8912 EAGLE WATCH DRIVE
RIVERVIEW, FL 33569 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: DP () Delete
Name: HOEFLE, EDWARD C
Address: 12012 BOYETTE ROAD
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: CHILLURA, JOE
Address: 12012 BOYETTE ROAD
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: ANDREWS, ARNOLD
Address: 12012 BOYETTE ROAD
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: LUCCASEN, RAY
Address: 12012 BOYETTE RD
City-St-Zip: RIVERVIEW, FL 33569

Title: DST () Delete
Name: NUNN, MACK
Address: 12012 BOYETTE RD
City-St-Zip: RIVERVIEW, FL 33569

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: D () Change (X) Addition
Name: KNAUS, RONALD
Address: 12012 BOYETTE ROAD
City-St-Zip: RIVERVIEW, FL 33569

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: EDWRAD C. HOEFLE

DP

04/05/2005

Electronic Signature of Signing Officer or Director

Date