


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90385 018 ****70.00

DOCUMENT # N97000001974 1. Entity Name CHARTER SCHOOL OF TAMPA BAY ACADEMY, INC.					
Principal Place of Business 12012 BOYETTE ROAD RIVERVIEW, FL 33569			Mailing Address 12012 BOYETTE ROAD RIVERVIEW, FL 33569		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HOEFLE, EDWARD C 8912 EAGLE WATCH DRIVE RIVERVIEW, FL 33569				Name Joanne Nelson Street Address (P.O. Box Number is Not Acceptable) 12012 Boyette Road City Riverview FL Zip Code 33569	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Joanne Nelson - Director of Education</u> 4-13-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOEFLE, EDWARD C 12012 BOYETTE ROAD RIVERVIEW, FL 33569	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHILLURA, JOE 12012 BOYETTE ROAD RIVERVIEW, FL 33569	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREWS, ARNOLD 12012 BOYETTE ROAD RIVERVIEW, FL 33569	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCCASEN, RAY 12012 BOYETTE RD RIVERVIEW, FL 33569	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST NUNN, MACK 12012 BOYETTE RD RIVERVIEW, FL 33569	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNAUS, RONALD 12012 BOYETTE ROAD RIVERVIEW, FL 33569	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>J. Mack Nunn</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/24/06 512 3271119 <small>Date Daytime Phone #</small>	

40057003



04122006 Chg-NP CR2E037 (11/05)

4. FEI Number **59-3444151** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required