

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001974

FILED
Apr 29, 2009
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 ()

Name and Address of Current Registered Agent:

RUTHERFORD, JOANNE
12012 BOYETTE RD
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: CHILLURA, JOE
Address: 12012 BOYETTE ROAD
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: WOOLEY-BROWN, CATHEY
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: DVP () Delete
Name: KNAUS, RONALD
Address: 12012 BOYETTE ROAD
City-St-Zip: RIVERVIEW, FL 33569

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:

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: JOE CHILLURA

DP

04/29/2009

Electronic Signature of Signing Officer or Director

Date