2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2025
Secretary of State
5334542327CC

DOCUMENT# N13000002451

Entity Name: TAMPA BAY CHRISTIAN ACADEMY OF FLORIDA, INC.

Current Principal Place of Business:

6815 N ROME AVE.
TAMPA, FL 33604

Current Mailing Address:

6815 N. ROME AVE
TAMPA, FL 33604 US

FEI Number: 46-2566886

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BUSH ROSS REGISTERED AGENT SERVICES LLC
1801 N HIGHLAND AVENUE
TAMPA, FL 33602 US

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

Officer/Director Detail :

Title	DIRECTOR
Name	GRANTHAM, DON
Address	16413 LAKE BYRD DR
City-State-Zip:	TAMPA FL 33618

Title	DIRECTOR
Name	BODE, BARBARA A
Address	6815 N. ROME AVE.
City-State-Zip:	TAMPA FL 33604

Title	DIRECTOR
Name	ENCINOSA, TIMOTHY
Address	10907 N. NEWPORT AVE.
City-State-Zip:	TAMPA FL 33612

Title	CHAIRMAN
Name	MAGRUDER, ROBERT
Address	2204 MORGANSIDE WAY
City-State-Zip:	VALRICO FL 33596

Title	TREASURER
Name	ROTONDI, LINDA
Address	25742 RISEN STAR DR.
City-State-Zip:	WESLEY CHAPEL FL 33544

Title	PRESIDENT
Name	PEAVYHOUSE, MATTHEW
Address	7227 ALAFIA RIDGE LOOP
City-State-Zip:	RIVERVIEW FL 33569

Title	SECRETARY
Name	WEAVER, JACQUELINE
Address	4403 W. DALE AVE.
City-State-Zip:	TAMPA FL 33509

Title	DIRECTOR
Name	JACKSON, BRITTANY
Address	8319 MANOR CLUB CIRCLE UNIT 3
City-State-Zip:	TAMPA FL 33647

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I hereby 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 all other like empowered.

SIGNATURE: MATTHEW PEAVYHOUSE PRESIDENT 02/18/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	HOLNESS, CARLA
Address	24326 SUMMER WIND CT
City-State-Zip:	LUTZ FL 33559