

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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:** No**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	CHAIRMAN
Name	GRANTHAM, DON
Address	16413 LAKE BYRD DR
City-State-Zip:	TAMPA FL 33618

Title	PRESIDENT, CEO
Name	SHERWOOD, NATASHA
Address	3102 MCFARLAND RD
City-State-Zip:	TAMPA FL 33618

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

Title	SECRETARY, TREASURER, DIRECTOR
Name	WEAVER, JAQUELINE
Address	4403 W DALE AVE
City-State-Zip:	TAMPA FL 33509

Title	TREASURER
Name	MOLDAUER, LISA
Address	4045 INDIANAPOLIS ST. NE
City-State-Zip:	ST PETERSBURG FL 33703

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

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: LISA MOLDAUER**TREASURER****03/17/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date