

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$51.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751074 (6)

1. Corporation Name

TROPICAL ACRES BAPTIST CHURCH, INC.



Principal Place of Business

12107 RHODINE RD.
RIVERVIEW FL 33569
US

Mailing Address

12107 RHODINE RD.
RIVERVIEW FL 33569
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

SAXE, THOMAS C REV.
12107 RHODINE RD.
RIVERVIEW FL 33569

3. Date Incorporated or Qualified
02/15/1980

3a. Date of Last Report
08/10/1995

4. FEI Number

59-1957596

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

West, EARL F.

82 Street Address (P.O. Box Number is Not Acceptable)

11704 Balm Riverview Rd.

83

Riverview

84 City

FL

85 Zip Code

33569

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Earl F. West*
Signature, typed or printed name of registered agent and title if applicable

Earl F. West

(NOTE: Registered Agent signature required when reinstating)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

~~VI~~
WEST, EARL F.
11704 BALM RIVERVIEW RD
RIVERVIEW FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

~~SD~~
MCKEE, MAE
12112 WOODSIDE DR.
RIVERVIEW FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

~~D~~
SAXE, CHARLES R
132 VALLEY CIRCLE
BRANDON FL 33510

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

~~PGD~~
SAXE, THOMAS C
12107 RHODINE RD
RIVERVIEW FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

~~DEIHM, George~~
12427 ELNORA DR.
Riverview 33569

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

P

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

DT

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

CD

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

V.

DEIHM, George M.
12427 ELNORA
RIVERVIEW FL. 33569

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0011399

CR2E037 (3/96)