

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 751074

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

FILED  
Sep 20, 1999 8:00 am  
Secretary of State

09-20-1999 90011 038 \*\*\*\*61.25

6 617404-90011-38



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

02/15/1980

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

9. Name and Address of Current Registered Agent

WEST, EARL F  
11704 BALM RIVERVIEW ROAD  
RIVERVIEW FL 33569

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME WEST, EARL F.  
STREET ADDRESS 11704 BALM RIVERVIEW RD  
CITY-ST-ZIP RIVERVIEW FL

TITLE DT ☐ DELETE

NAME MCKEE, MAE  
STREET ADDRESS 12112 WOODSIDE DR.  
CITY-ST-ZIP RIVERVIEW FL

TITLE D ☐ DELETE

NAME SAXE, CHARLES R  
STREET ADDRESS 132 VALLEY CIRCLE  
CITY-ST-ZIP BRANDON FL 33510

TITLE CD ☐ DELETE

NAME SAXE, THOMAS C  
STREET ADDRESS 12107 RHODINE RD  
CITY-ST-ZIP RIVERVIEW FL

TITLE V ☐ DELETE

NAME DIEHM, GEORGE  
STREET ADDRESS 12427 ELNORA  
CITY-ST-ZIP RIVERVIEW FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

*Earl F. West*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Earl F. West*  
Date 12 99  
Daytime Phone # (83) 677-8036

CR2E037 (5/99)