

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90001 014 ****61.25

DOCUMENT # 751074

1. Entity Name

TROPICAL ACRES BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

12107 RHODINE RD.
 RIVERVIEW FL 33569
 US

12107 RHODINE RD.
 RIVERVIEW FL 33569
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1957596

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEST, EARL F
12308 GREENLAND DR.
RIVERVIEW FL 33569-6806

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
 NAME **WEST, EARL F.**
 STREET ADDRESS **12308 GREENLAND DR.**
 CITY-ST-ZIP **RIVERVIEW FL 33569-6806**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DT** ☐ Delete
 NAME **MCKEE, MAE**
 STREET ADDRESS **12112 WOODSIDE DR.**
 CITY-ST-ZIP **RIVERVIEW FL**

TITLE **D only** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **SAXE, CHARLES R**
 STREET ADDRESS **132 VALLEY CIRCLE**
 CITY-ST-ZIP **BRANDON FL 33510**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CD** ☐ Delete
 NAME **SAXE, THOMAS C**
 STREET ADDRESS **12107 RHODINE RD**
 CITY-ST-ZIP **RIVERVIEW FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☒ Delete
 NAME **DIEHM, GEORGE**
 STREET ADDRESS **12427 ELMORA**
 CITY-ST-ZIP **RIVERVIEW FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T S** ☐ Delete
 NAME **GAYLE TORRES**
 STREET ADDRESS **5205 PEACH AVE**
 CITY-ST-ZIP **SEFNER, FL 33584**

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PAUL A. TORRES

9-10-02

813
1677-8036

CR2E037 (4/02)