

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 29, 2005 8:00 am**  
**Secretary of State**

07-29-2005 90011 012 \*\*\*\*61.25

**DOCUMENT # 751074**

1. Entity 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

**50058439**



07052005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1957596

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DRURY, LARRY L  
8009 SANE PLACE  
TAMPA, FL 33610

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE D  
NAME ~~MCKEE, MAE~~ *EARL F. WEST*  
STREET ADDRESS ~~12112 WOODSIDE DR.~~ *12107 Rhodine Rd.*  
CITY-ST-ZIP RIVERVIEW, FL 33569

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

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

TITLE TS  
NAME TORRES, GAYLE  
STREET ADDRESS 5205 PEACH AVE  
CITY-ST-ZIP SEFFNER, FL 33584

TITLE P  
NAME DRURY, LARRY L  
STREET ADDRESS 8009 SANE PLACE  
CITY-ST-ZIP TAMPA, FL 33610

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/23/05*

Date

Daytime Phone #

*741-2467*