


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
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50058439



07052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1957596	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	D EARL F. WEST MCKEE, MAE 12112 WOODSIDE DR. RIVERVIEW, FL 33569 12107 Rhodine Rd.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAXE, CHARLES R. 132 VALLEY CIRCLE BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SAXE, THOMAS C 12107 RHODINE RD RIVERVIEW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS TORRES, GAYLE 5205 PEACH AVE SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DRURY, LARRY L 8009 SANE PLACE TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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: Larry L Drury 7/23/05 (813) 741-2467
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #