


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90337 042 \*\*\*\*61.25

<b>DOCUMENT # 751074</b>					
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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1957596	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DRURY, LARRY L 8009 SANE PLACE TAMPA, FL 33610			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, EARL F		NAME	Drury, Rosa L.	
STREET ADDRESS	12107 RHODINE RD		STREET ADDRESS	8009 Sane Place	
CITY-ST-ZIP	RIVERVIEW, FL 33569		CITY-ST-ZIP	Tampa, FL 33610.	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAXE, CHARLES R		NAME		
STREET ADDRESS	132 VALLEY CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	BRANDON, FL 33510		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAXE, THOMAS C		NAME		
STREET ADDRESS	12107 RHODINE RD		STREET ADDRESS		
CITY-ST-ZIP	RIVERVIEW, FL		CITY-ST-ZIP		
TITLE	TS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, GAYLE		NAME		
STREET ADDRESS	5205 PEACH AVE		STREET ADDRESS		
CITY-ST-ZIP	SEFFNER, FL 33584		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRURY, LARRY L		NAME		
STREET ADDRESS	8009 SANE PLACE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33610		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Proenza, Sylvia		NAME		
STREET ADDRESS	12411 Elnora Dr.		STREET ADDRESS		
CITY-ST-ZIP	Riverview, FL 33569.		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Larry L Drury</u>		LARRY L DRURY		3/26/2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 741-2462	