


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 AM
Secretary of State

DOCUMENT # 751074 1. Entity Name TROPICAL ACRES BAPTIST CHURCH, INC.	
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Principal Place of Business 12107 RHODINE RD. RIVERVIEW, FL 33569 US	Mailing Address 12107 RHODINE RD. RIVERVIEW, FL 33569 US
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DO NOT WRITE IN THIS SPACE

03152008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1957596	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000869542 04/09/08-80052-019 61.25
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10. OFFICERS AND DIRECTORS

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	D DRURY, ROSA L 8009 SANE PL 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 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: Larry L. Drury **3/9/08** **813-677-8036**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #