

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90281 005 \*\*\*\*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**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

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

7. Name and Address of New Registered Agent

**WEST, EARL F  
12308 GREENLANDDR.  
RIVERVIEW FL 33569-6806**

Name **LARRY L. DRURY**  
Street Address (P.O. Box Number is Not Acceptable) **8009 SANE PLACE**  
City **TAMPA** FL Zip Code **33610**

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 *Larry Drury* DATE **3-23-03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WEST, EARL F.</b>	
STREET ADDRESS	<b>12308 GREENLAND DR.</b>	
CITY-ST-ZIP	<b>RIVERVIEW FL 33569-6806</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCKEE, MAE</b>	
STREET ADDRESS	<b>12112 WOODSIDE DR.</b>	
CITY-ST-ZIP	<b>RIVERVIEW FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SAXE, CHARLES R</b>	
STREET ADDRESS	<b>132 VALLEY CIRCLE</b>	
CITY-ST-ZIP	<b>BRANDON FL 33510</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>SAXE, THOMAS C</b>	
STREET ADDRESS	<b>12107 RHODINE RD</b>	
CITY-ST-ZIP	<b>RIVERVIEW FL</b>	
TITLE	<b>TS</b>	<input type="checkbox"/> Delete
NAME	<b>TORRES, GAYLE</b>	
STREET ADDRESS	<b>5205 PEACH AVE</b>	
CITY-ST-ZIP	<b>SEFFNER FL 33584</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Larry L. DRURY</b>	
STREET ADDRESS	<b>8009 SANE PLACE</b>	
CITY-ST-ZIP	<b>Tampa, FL 33610</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Larry Drury* DATE: **3-23-03** TELEPHONE: **813-677-4116**

CR2E037 (10/02)