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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00525 (8)

1. Corporation Name

TROPICAL ACRES CHRISTIAN ACADEMY, INC.

Principal Place of Business	Mailing Address
12107 RHODINE RD. RIVERVIEW FL 33569 US	12107 RHODINE RD. RIVERVIEW FL 33569-6727 US

3. Date Incorporated or Qualified: 12/22/1983
3a. Date of Last Report: 07/30/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-2417373 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SAXE, REV. THOMAS C.
12107 RHODINE RD.
RIVERVIEW FL 33569

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SAXE, REV.THOMAS C.		1.2 NAME	
STREET ADDRESS	12107 RHODINE RD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WEST, EARL		2.2 NAME	
STREET ADDRESS	11704 BALM RIVERVIEW RD		2.3 STREET ADDRESS	500002324405---1
CITY-ST-ZIP	RIVERVIEW FL		2.4 CITY-ST-ZIP	-10/20/97--01108--012
TITLE	D	☐ DELETE	3.1 TITLE	*****61.25 ☐ Change ☐ Addition *****61.25
NAME	PARKER, RUSSELL		3.2 NAME	
STREET ADDRESS	RT. 1 BOX 885		3.3 STREET ADDRESS	
CITY-ST-ZIP	BILLIRIDGE IL		3.4 CITY-ST-ZIP	
TITLE	CV	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SAXE, JAN		4.2 NAME	
STREET ADDRESS	12107 RHODINE RD.		4.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	NIX, JAKE		5.2 NAME	
STREET ADDRESS	12810 GREYSTONE PLACE		5.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL		5.4 CITY-ST-ZIP	
TITLE	TR	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MCKEE, MAE		6.2 NAME	
STREET ADDRESS	12112 WOODSIDE DRIVE		6.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] REV. THOMAS C. SAXE PRES-DIR 9/12/97 (813) 677-8036