

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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
US

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

12/22/1983

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

7. Is this nonprofit corporation a homeowners' association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SAXE, REV. THOMAS C.

STREET ADDRESS 12107 RHODINE RD.

CITY-ST-ZIP RIVERVIEW FL

TITLE D ☐ DELETE

NAME WEST, EARL

STREET ADDRESS 11704 BALM RIVERVIEW RD

CITY-ST-ZIP RIVERVIEW FL

TITLE D ☐ DELETE

NAME PARKER, RUSSELL

STREET ADDRESS RT. 1 BOX 885

CITY-ST-ZIP BILIRIDGE IL

TITLE CV ☐ DELETE

NAME SAXE, JAN

STREET ADDRESS 12107 RHODINE RD.

CITY-ST-ZIP RIVERVIEW FL

TITLE D ☐ DELETE

NAME NIX, JAKE

STREET ADDRESS 12810 GREYSTONE PLACE

CITY-ST-ZIP RIVERVIEW FL

TITLE TR ☐ DELETE

NAME MCKEE, MAE

STREET ADDRESS 12112 WOODSIDE DRIVE

CITY-ST-ZIP RIVERVIEW FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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:

Rev. Thomas C. Saxe, Rev. THOMAS C. SAXE

9-3-98 813-677-8036

CR2E037 (5/98)