

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90001 015 ****61.25

DOCUMENT # N00525

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2417373

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	SAXE, REV. THOMAS C.	
STREET ADDRESS	12107 RHODINE RD.	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEST, EARL	
STREET ADDRESS	PO BOX 2353	
CITY-ST-ZIP	GIBSONTON FL 33534	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARKER, RUSSELL	
STREET ADDRESS	RT. 1 BOX 885	
CITY-ST-ZIP	BILLIRIDGE IL	
TITLE	CV	<input type="checkbox"/> Delete
NAME	SAXE, JAN	
STREET ADDRESS	12107 RHODINE RD.	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NIX, JAKE	
STREET ADDRESS	12810 GREYSTONE PLACE	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE	TR	<input type="checkbox"/> Delete
NAME	MCKEE, MAE	
STREET ADDRESS	12112 WOODSIDE DRIVE	
CITY-ST-ZIP	RIVERVIEW FL	

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	
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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: *Rev. Thomas C. Saxe*

9-10-02 813-677-8036

CR2E037 (4/02)