


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N00525
 1. Entity Name
 TROPICAL ACRES CHRISTIAN ACADEMY, INC.



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



07052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2417373	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

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

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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 September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

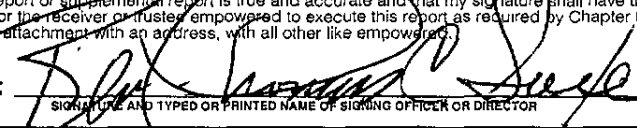
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAXE, REV. THOMAS C. 12107 RHODINE RD. RIVERVIEW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORRES, GAYLE 5205 PEACH AVE. SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, RUSSELL RT. 1 BOX 885 BILLIRIDGE, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CV SAXE, JAN 12107 RHODINE RD. RIVERVIEW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROENZA, SYLVIA 12411 ELNORA DRIVE RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR O'BRIEN, CHRISTI 1012 BRIDLEWOOD WAY BRANDON, FL 33511

U00000374830
 07/28/05-80004-023 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE: 7-25-05 DAYTIME PHONE #: 813 677-8036