


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # N00525 1. Entity Name TROPICAL ACRES CHRISTIAN ACADEMY, INC.	
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Principal Place of Business 12107 RHODINE RD. RIVERVIEW FL 33569 US	Mailing Address 12107 RHODINE RD. RIVERVIEW FL 33569 US
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1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number 59-2417373	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> 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

7. Name and Address of New Registered Agent 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: *Rev. Thomas C. Saxe, Pastor/Pres.* DATE: *4-25-07*

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE: PD <input type="checkbox"/> Delete NAME: SAXE, REV. THOMAS C. STREET ADDRESS: 12107 RHODINE RD. CITY-STATE-ZIP: RIVERVIEW FL	
TITLE: D <input type="checkbox"/> Delete NAME: TORRES, GAYLE, STREET ADDRESS: 5205 PEACH AVE. CITY-STATE-ZIP: SEFFNER FL 33584	
TITLE: D <input type="checkbox"/> Delete NAME: PARKER, RUSSELL STREET ADDRESS: RT. 1 BOX 885 CITY-STATE-ZIP: BILLIRIDGE IL	
TITLE: CV <input type="checkbox"/> Delete NAME: SAXE, JAN STREET ADDRESS: 12107 RHODINE RD. CITY-STATE-ZIP: RIVERVIEW FL	
TITLE: D <input type="checkbox"/> Delete NAME: PROENZA, SYLVIA STREET ADDRESS: 12411 ELNORA DRIVE CITY-STATE-ZIP: RIVERVIEW FL 33569	
TITLE: TR <input type="checkbox"/> Delete NAME: O'BRIEN, CHRISTI STREET ADDRESS: 12302 ELNORA DR CITY-STATE-ZIP: RIVERVIEW FL 33569	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-STATE-ZIP:	U00000760576 05/25/07-80019-008 61.25
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-STATE-ZIP:	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-STATE-ZIP:	
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TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-STATE-ZIP:	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 law empowered.

SIGNATURE: *Rev. Thomas C. Saxe, Pastor/Pres* *THOMAS C. SAXE, Pastor/Pres 4/25/07*