

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00525

FILED  
Apr 29, 2011  
Secretary of State

**Entity Name:** TROPICAL ACRES CHRISTIAN ACADEMY, INC.

**Current Principal Place of Business:**

12107 RHODINE RD.  
RIVERVIEW, FL 33579 US

**New Principal Place of Business:**

**Current Mailing Address:**

12107 RHODINE RD.  
RIVERVIEW, FL 33579 US

**New Mailing Address:**

**FEI Number:** 59-2417373      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SAXE, REV. THOMAS C.  
12107 RHODINE RD.  
RIVERVIEW, FL 33579 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SAXE, REV. THOMAS C.  
Address: 12107 RHODINE RD.  
City-St-Zip: RIVERVIEW, FL 33579 US

Title: D  
Name: PARKER, RUSSELL  
Address: 199 PARKER LANE  
City-St-Zip: VILLA RIDGE, IL 62996 US

Title: D  
Name: CASTELLINI, ELENA M  
Address: 8750 SYMMES RD  
City-St-Zip: GIBSONTOWN, FL 33534 US

Title: TR  
Name: SAXE, L. JEANNETTE (JAN)  
Address: 12107 RHODINE RD.  
City-St-Zip: RIVERVIEW, FL 33579 US

Title: D  
Name: SAXE, CHARLES R  
Address: 132 VALLEY CIRCLE  
City-St-Zip: BRANDON, FL 33510 US

Title: SEC  
Name: TAMAYO, MARIA  
Address: 1911 NORTH LIME ST.  
City-St-Zip: PLANT CITY, FL 33563 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: REV. THOMAS C. SAXE

PD

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date