# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 AM 10:22

DOCUMENT # N01098 (5)

1. Corporation Name
TROPICAL CHRISTIAN SCHOOL, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 12001 SW 72ND ST<br>P O BOX 831147 (33283-1147)<br>MIAMI FL 33183 | 12001 SW 72ND ST<br>P O BOX 831147 (33283-1147)<br>MIAMI FL 33183 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/26/1984
3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-2398487 ☐ Applied For ☐ Not Applicable

| | |
|---|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

J.R. PERKINS, JR.
8820 SW 124TH STREET
MIAMI 33176

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE J.R. Perkins Jr. 1-18-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | TD | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | TURNER, R. B. | 1.2 NAME | | |
| STREET ADDRESS | 8207 SW 82ND PL | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY-ST-ZIP | | |
| TITLE | VD | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | CLAYPOOL, W.R. | 2.2 NAME | | |
| STREET ADDRESS | 3549 N. BAYHOMES DR. | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | COCONUT GROVE FL | 2.4 CITY-ST-ZIP | | |
| TITLE | SD | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | PERKINS, J.R., JR. | 3.2 NAME | | |
| STREET ADDRESS | 8820 SW 124TH STREET | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | 3.4 CITY-ST-ZIP | | |
| TITLE | CD | 4.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | RAMSEY, CLARENCE M. | 4.2 NAME | | |
| STREET ADDRESS | 21800 SW 152ND AVE. | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | HOMESTEAD FL | 4.4 CITY-ST-ZIP | | |
| TITLE | D | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | GONZALES, SANTIAGO | 5.2 NAME | | |
| STREET ADDRESS | 1935 SW 17TH CT. | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | 5.4 CITY-ST-ZIP | | |
| TITLE | D | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | PEEPLES, W.H. | 6.2 NAME | | |
| STREET ADDRESS | 705 W. 76TH ST. | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | HIALEAH FL | 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: J.R. Perkins Jr. J.R. PERKINS, JR., SECY. 1-18-95 305/233-2266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0000087

# TROPICAL CHRISTIAN SCHOOL, INC.

## Corporation Annual Report - Supplement

**Block 12 (Cont'd)**

| | |
|---|---|
| Title: | **CD** |
| Name: | **Lawrence Hood** |
| Street Address: | **26925 S.W. 197th Avenue** |
| City-St-Zip: | **Homestead, FL 33031** |

| | |
|---|---|
| Title: | ***D*** |
| Name: | **Kieth A. Mitchell** |
| Street Address: | **511 Alhambra Circle** |
| City-St-Zip: | **Coral Gables, FL 33134** |