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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N01098** (5)

1. Corporation Name

TROPICAL CHRISTIAN SCHOOL, INC.

Principal Place of Business

Mailing Address

12001 SW 72ND ST
P O BOX 831147 (33283-1147)
MIAMI FL 33183

12001 SW 72ND ST
P O BOX 831147 (33283-1147)
MIAMI FL 33183

3. Date Incorporated or Qualified

01/26/1984

4. FEI Number

59-2398487

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

J.R. Perkins, Jr.
Signature, typed or printed name of registered agent and title if applicable.

J. R. PERKINS, JR.

(NOTE: Registered Agent signature required when reinstating)

1-10-98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	TURNER, R. B.	
STREET ADDRESS	8207 SW 82ND PL	
CITY-ST-ZIP	MIAMI FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	CLAYPOOL, W.R.	
STREET ADDRESS	3549 N. BAYHOMES DR.	
CITY-ST-ZIP	COCONUT GROVE FL	

2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	33133

TITLE	SD	<input type="checkbox"/> DELETE
NAME	PERKINS, J.R., JR.	
STREET ADDRESS	8820 SW 124TH STREET	
CITY-ST-ZIP	MIAMI FL	

3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	33176

TITLE	D	<input type="checkbox"/> DELETE
NAME	RAMSEY, CLARENCE M.	
STREET ADDRESS	21800 SW 152ND AVE.	
CITY-ST-ZIP	HOMESTEAD FL	

4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	Miami, 33170

TITLE	CD	<input type="checkbox"/> DELETE
NAME	MITCHELL, KEITH A	
STREET ADDRESS	511 ALHAMBRA CIRCLE	
CITY-ST-ZIP	CORAL GABLES FL	

5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	33134

TITLE	D	<input type="checkbox"/> DELETE
NAME	PEEPLES, W.H.	
STREET ADDRESS	765 W. 76TH ST.	
CITY-ST-ZIP	HIALEAH FL	

6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	33014

14. 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 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.
Signature and typed or printed name of registered agent and title if applicable.

1-10-98

305-233-7286

CR2E037 (10/97)