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Feb 11, 1999 8:00am  
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02-11-1999 90026 009 \*\*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N01098

1. Corporation Name

TROPICAL CHRISTIAN SCHOOL, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

01/26/1984

4. FEI Number

59-2398487

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD  
NAME CLAYPOOL, W.R.  
STREET ADDRESS 3549 N. BAYHOMES DR.  
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE SD  
NAME PERKINS, J.R., JR.  
STREET ADDRESS 8820 SW 124TH STREET  
CITY-ST-ZIP MIAMI FL 33176

TITLE D  
NAME RAMSEY, CLARENCE M.  
STREET ADDRESS 21800 SW 152ND AVE.  
CITY-ST-ZIP MIAMI FL 33170

TITLE CD  
NAME MITCHELL, KIETH A  
STREET ADDRESS 511 ALHAMBRA CIRCLE  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D  
NAME PEEPLES, W.H.  
STREET ADDRESS 765 W. 76TH ST.  
CITY-ST-ZIP HIALEAH FL 33014

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-99 305/233-7286

CR2E037 (11/98)