

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01098**

1. Entity Name  
**TROPICAL CHRISTIAN SCHOOL, INC.**



Principal Place of Business  
**12001 SW 72ND ST  
MIAMI, FL 33183**

Mailing Address  
**12001 SW 72ND ST  
MIAMI, FL 33183**



01292007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2398487**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PERKINS, J.R., JR. 8820 SW 124TH STREET MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARDO, PEDRO 14722 S.W. 44TH LANE MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, MIGUEL 5223 S.W. 128TH PLACE MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HINSON, JEFF 7427 SW 140 COURT MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000632629  
02/21/07-80030-021 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-07 305-233-7286  
Date Daytime Phone #