2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2004
Secretary of State

DOCUMENT# 729783

Entity Name: RIDGE AREA ASSOCIATION FOR RETARDED CITIZENS, INC.

Current Principal Place of Business:

120 E. COLLEGE DR.
AVON PARK, FL 338259599

New Principal Place of Business:

Current Mailing Address:

120 E. COLLEGE DR.
AVON PARK, FL 338259599

New Mailing Address:

FEI Number: 59-0829984 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DIVIETRO, VICTOR
4817 DUFFER LOOP
SEBRING, FL 33875 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	( ) Delete
Name:	DIVIETRO, VICTOR	
Address:	4817 DUFFER LOOP	
City-St-Zip:	SEBRING, FL 33875	
Title:	D	( ) Delete
Name:	ELDRED, MARILYN	
Address:	2749 E. CYPRESSWOOD DR.	
City-St-Zip:	AVON PARK, FL 33825	
Title:	2VD	( ) Delete
Name:	CALLAHAN, ROSANNA	
Address:	1831 SE LAKEVIEW DR.	
City-St-Zip:	SEBRING, FL 33870	
Title:	SD	( ) Delete
Name:	VINSON, DONNA	
Address:	2799 W. COUNTY LINE RD.	
City-St-Zip:	AVON PARK, FL 33825	
Title:	DEL	( ) Delete
Name:	VACANT, VACANT	
Address:	VACANT	
City-St-Zip:	SEBRING, FL 33870	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VD	(X) Change ( ) Addition
Name:	MAY, PHIL	
Address:	709 W. LAKE ISIS AVE	
City-St-Zip:	AVON PARK, FL 33825	
Title:	TD	( ) Change (X) Addition
Name:	MILLS, LOWELL	
Address:	1400 W. ALLAMANDA BLVD.	
City-St-Zip:	AVON PARK, FL 33825	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: VICTOR DIVIETRO PD 06/10/2004

Electronic Signature of Signing Officer or Director — Date