

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 05, 2005
Secretary of State

DOCUMENT# 729783

Entity Name: RIDGE AREA ASSOCIATION FOR RETARDED CITIZENS, INC.**Current Principal Place of Business:**120 W. COLLEGE DR.
AVON PARK, FL 338259599**New Principal Place of Business:****Current Mailing Address:**120 W. 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 ()****Name and Address of Current Registered Agent:**DIVIETRO, VICTOR
4817 DUFFER LOOP
SEBRING, FL 33875 US**Name and Address of New Registered Agent:**BECKMAN, RHONDA
4449 ALCANTARRA AVE.
SEBRING, FL 33872 US

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: RHONDA BECKMAN

04/05/2005

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: COWAN, KATHLEEN
Address: 1603 PALM ST.
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:** VD () Delete
Name: MAY, PHIL
Address: 709 W. LAKE ISIS AVE
City-St-Zip: AVON PARK, FL 33825**Title:** TD () Delete
Name: MILLS, LOWELL
Address: 1400 W. ALLAMANDA BLVD.
City-St-Zip: AVON PARK, FL 33825**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
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City-St-Zip:**Title:** () Change () Addition
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Address:
City-St-Zip:

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

04/05/2005

Electronic Signature of Signing Officer or Director

Date