

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729783

FILED
Jan 14, 2009
Secretary of State

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

Current Principal Place of Business:

120 W. COLLEGE DR.
AVON PARK, FL 338259599 US

New Principal Place of Business:

Current Mailing Address:

120 W. COLLEGE DR.
AVON PARK, FL 338259599 US

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:

BECKMAN, RHONDA
4449 ALCANTARRA AVE.
SEBRING, FL 33872 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: 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: 1877 N. SAPPHIRE RD.
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:
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: TD (X) Change () Addition
Name: MAGOWAN, DORIS
Address: 1904 DESOTO PLACE
City-St-Zip: SEBRING, FL 33870

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

01/14/2009

Electronic Signature of Signing Officer or Director

Date