

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N94000004893 (3)**

1. Corporation Name  
**RIPPY EVANGELISTIC ASSOCIATION, INC.**



Principal Place of Business: P.O. BOX 6922 CLEARWATER FL 34618  
Mailing Address: P.O. BOX 6922 CLEARWATER FL 34618

3. Date Incorporated or Qualified: **10/04/1994**  
3a. Date of Last Report: **01/02/1996**  
4. FEI Number: **59-3272654**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
Suite, Apt. #, etc.  
City & State  
Zip Country

9. Name and Address of Current Registered Agent  
**STERNS, RANDY K  
220 SOUTH FRANKLIN STREET  
TAMPA FL 33602**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P. O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RIPPY, ARTHELENE</b>	
STREET ADDRESS	<b>2001 63RD AVE. NORTH</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33702</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>COFFMAN, MEREDITH</b>	
STREET ADDRESS	<b>11845 BRANCH MOORING</b>	
CITY-ST-ZIP	<b>TAMPA FL 33635</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PRICE, BURDETTE</b>	
STREET ADDRESS	<b>10483 LONGWOOD DRIVE</b>	
CITY-ST-ZIP	<b>LARGO FL 34647</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RIPPY, MICHAEL</b>	
STREET ADDRESS	<b>8507 PLANTATION RIDGE ROAD</b>	
CITY-ST-ZIP	<b>MONTGOMERY AL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CRABTREE, DAVID</b>	
STREET ADDRESS	<b>30-A TYLER-PRENTICE RD.</b>	
CITY-ST-ZIP	<b>WORCESTER MA 01605</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PRICE, TERESA</b>	
STREET ADDRESS	<b>10483 LONGWOOD DRIVE</b>	
CITY-ST-ZIP	<b>LARGO FL 34647</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Arthele Rippy* 3/25/96 813-535-5622  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)