


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 24, 2005 08:00 AM
Secretary of State**

DOCUMENT # N94000004893
1. Entity Name
RIPPY EVANGELISTIC ASSOCIATION, INC.



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



03142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3272654 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

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

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

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RIPPY, ARTHELENE
STREET ADDRESS	2001 63RD AVE. NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33702
TITLE	D
NAME	COFFMAN, MEREDITH
STREET ADDRESS	11845 BRANCH MOORING
CITY-ST-ZIP	TAMPA, FL 33635
TITLE	D
NAME	PRICE, BURDETTE
STREET ADDRESS	10483 LONGWOD DRIVE
CITY-ST-ZIP	LARGO, FL 34647
TITLE	D
NAME	RIPPY, MICHAEL
STREET ADDRESS	8507 PLANTATION RIDGE ROAD
CITY-ST-ZIP	MONTGOMERY, AL
TITLE	D
NAME	CRABTREE, DAVID
STREET ADDRESS	30-A TYLER-PRENTICE RD.
CITY-ST-ZIP	WORCESTER, MA 01605
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/24/05-80006-019 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Arthelene Rippy 3/14/05 727-535-5622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Arthelene RIPPY