


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 07, 2006 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



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E037 (10/05)

City & State      City & State

4. FEI Number      Applied For

**59-3272654**      Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired      \$8.75 Additional Fee Required

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6. Name and Address of Current Registered Agent

**STERNS, RANDY K**  
**220 SOUTH FRANKLIN STREET**  
**TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      FL      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

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**Make Check Payable to Florida Department of State**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	000000568905
CITY-ST-ZIP	06/07/06-80003-014 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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*      Arthelene Rippy      4/20/06      727-535-5622