

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 28, 2007
Secretary of State**

DOCUMENT# N94000004893

Entity Name: RIPPY EVANGELISTIC ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 6922
CLEARWATER, FL 34618

New Principal Place of Business:

2001 63RD AVENUE NORTH
SAINT PETERSBURG, FL 33758

Current Mailing Address:

P.O. BOX 6922
CLEARWATER, FL 34618

New Mailing Address:

2001 63RD AVENUE NORTH
SAINT PETERSBURG, FL 33702

FEI Number: 59-3272654 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STERNS, RANDY K
220 SOUTH FRANKLIN STREET
TAMPA, FL 33602 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: D () Delete
Name: RIPPY, ARTHELENE
Address: 2001 63RD AVE. NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

Title: D () Delete
Name: COFFMAN, MEREDITH
Address: 11845 BRANCH MOORING
City-St-Zip: TAMPA, FL 33635

Title: D () Delete
Name: PRICE, BURDETTE
Address: 10483 LONGWOD DRIVE
City-St-Zip: LARGO, FL 34647

Title: D () Delete
Name: RIPPY, MICHAEL
Address: 8507 PLANTATION RIDGE ROAD
City-St-Zip: MONTGOMERY, AL

Title: D () Delete
Name: CRABTREE, DAVID
Address: 30-A TYLER-PRENTICE RD.
City-St-Zip: WORCESTER, MA 01605

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:

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: ARTHELENE RIPPY

PRES

07/28/2007

Electronic Signature of Signing Officer or Director

_____ Date