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FILED
Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N96000005374 (1)
1. Corporation Name
RIDGE MANOR NEWS, INC.



Principal Place of Business Mailing Address
34508 CORTEZ BLVD. RIDGE MANOR FL 33523
34508 CORTEZ BLVD. RIDGE MANOR FL 33523

3. Date Incorporated or Qualified
10/18/1996

4. FEI Number
59-2865921

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. Zip Country 29. Zip Country 30. Zip Country

9. Name and Address of Current Registered Agent
BRAND, VICTORIA
34508 CORTEZ BLVD.
RIDGE MANOR FL 33523

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City FL 85. Zip Code

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 *Victoria Brand* DATE Feb. 11, 1998

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOWES, JAMES	
STREET ADDRESS	6060 IDLE-A-WHILE CIRCLE	
CITY-ST-ZIP	RIDGE MANOR FL 33523	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BUCKINGHAM, RICHARD	
STREET ADDRESS	33449 OHIO AVENUE	
CITY-ST-ZIP	RIDGE MANOR FL 33523	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BOYD, ROBERT	
STREET ADDRESS	34405 ORCHID PARKWAY	
CITY-ST-ZIP	RIDGE MANOR FL 33523	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BRAND, VICTORIA	
STREET ADDRESS	34433 SUNRIDGE DRIVE	
CITY-ST-ZIP	RIDGE MANOR FL 33523	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUNN, VIOLA	
STREET ADDRESS	34315 CORTEZ BLVD.	
CITY-ST-ZIP	RIDGE MANOR FL 33523	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARG, MARIE	
STREET ADDRESS	6000 FAIRWAY DRIVE	
CITY-ST-ZIP	RIDGE MANOR FL 33523	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ann McKale	(delete)
1.3 STREET ADDRESS	5568 Fairway Dr.	
1.4 CITY-ST-ZIP	Ridge Manor, FL. 33523	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sallie Auld	
2.3 STREET ADDRESS	5155 Lakewood Dr.	
2.4 CITY-ST-ZIP	Ridge Manor, FL. 33523	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Victoria Brand* DATE: 2/11/98 DISTRICT PHONE: 352-583-5202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)