

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

FILED
Feb 15, 2005 8:00 am
Secretary of State

02-15-2005 90026 007 ****61.25

DOCUMENT # N96000005374

1. Entity Name

RIDGE MANOR NEWS, INC.



Principal Place of Business

33277 CORTEZ BLVD.
RIDGE MANOR FL 33523

Mailing Address

33277 CORTEZ BLVD.
RIDGE MANOR FL 33523

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2865921

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRAND, VICTORIA
33277 CORTEZ BLVD.
RIDGE MANOR FL 33523

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

Victoria Brand

2/8/05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HALL, MELVIN	
STREET ADDRESS	5125 WESTLAKE BLVD.	
CITY-ST-ZIP	RIDGE MANOR FL 33523	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BOYD, ROBERT	
STREET ADDRESS	34405 ORCHID PKWY	
CITY-ST-ZIP	RIDGE MANOR FL 33523	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MILLER, PAULINE	
STREET ADDRESS	5067 LAKEWOOD DR.	
CITY-ST-ZIP	RIDGE MANOR FL 33523	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIFILIPPO, CAROL	
STREET ADDRESS	33431 ORCHID PKWY	
CITY-ST-ZIP	RIDGE MANOR FL 33523	
TITLE	D	<input type="checkbox"/> Delete
NAME	SLUSARZ, MECEDES	
STREET ADDRESS	6096 FAIRWAY DR	
CITY-ST-ZIP	RIDGE MANOR FL 33523	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HALL, MELVIN	
STREET ADDRESS	5125 WESTLAKE BLVD	
CITY-ST-ZIP	RIDGE MANOR FL 33523	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS LEHECKA	
STREET ADDRESS	34405 CEDARFIELD DR.	
CITY-ST-ZIP	RIDGE MANOR, FL. 33523	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIR. PAULINE MILLER	
STREET ADDRESS	5067 LAKEWOOD DR.	
CITY-ST-ZIP	RIDGE MANOR, FL. 33523	

12. 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 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:

Victoria Brand

2/8/05

(352) 583-4553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #