## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9800005474

1. Corporation Name

### THE RIDGE IRRIGATION COOPERATIVE

Mailing Address

# Apr 01, 1999 8:00 am secretary of State

04-01-1999 90043 009 \*\*\*\*61.25

Principal Place		Malinia Modioss					
STATE ROAD P.O. BOX 287		STATE ROAD 540 P.O. BOX 287					
WAVERLY FL	33877	WAVERLY FL 33877			ENGISTES DIR SEIRS TRIIS BOTTI ROSIN ROSIN BOTS		iti olol itti
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	***		3 Date Lawrented or Ovelified		
2. Principal Pl	ace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed 09/22/1998		
21	26	. н		4. FEI Number	And	plied For	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			59-0324290 Not Applicable		
22		City & State			01 002/2/0	\$8.75 A	
City & State	8	<b>⊢</b> , ·			5. Certifcate of Status Desired	Fee Re	
23	Country	Zip	Country		6. Election Campaign Financing	\$5.00	May Ba
Zip	25	29 30	¬ ´		Trust Fund Contribution	Added to	
24	9. Name and Address of Current	_ <del></del>	<del>''                                   </del>		10. Name and Address of New Registered A		
	o. Harrie Blid Addioss of Carrette	7.08.00.00	81	Name			
CALILION	e nonent o				(DO D M ) A (A) Adda		
	S, ROBERT O		82	Street A	Address (P.O. Box Number is Not Acceptable)		
	TH STREET SE		83				
AAILATELL	HAVEN FL 33880					T 1 2	
			84	City	FL	85 Zip (	Code
11 Dunium	to the provinces of Sections 617 0502	and 617 1508 Florida Statutes	the above	l e-named c		hanging its	registered
office or re agent. I a	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was auth ons of, Section 617.0503, Florida	orized by Statutes	the corpor	corporation submits this statement for the purpose of c ration's board of directors. I hereby accept the appoint	ment as reg	gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re-	gistered Ager	nt signature re	quired when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		$\tau$	Change	Addition
NAME	HUSTED, JOHN		1.2 NAME	[.	A. ALLAN TEIXEIRA		
STREET ADDRESS	242 KILMER LANE SE		1.3 STREE	T ADDRESS	456 19TH STREET, S.E.		1
CITY-ST-ZIP	WINTER HAVEN FL 33884		1.4 CITY-S	T-ZIP	WINTER HAVEN FL 338	8 <u>4-1/</u>	<u> 35                                    </u>
TITLE	D	☐ DELETE	2.1 TITLE			Change	☐ Addition
-NAME	MCMULLEN, BILL	<del></del>	2.2 NAME				
STREET ADDRESS	242 KILMER LANE SE		2.3 STREE	TADORESS			
CITY-ST-ZIP	WINTER HAVEN FL 33884		2.4 CITY-5	ST-ZIP			
TITLE	D	☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME	WARD, GRADY		3.2 NAME				
STREET ADDRESS	P.O. BOX 221		3.3 STREE	T ADDRESS			
CITY-ST-ZIP	WAVERLY FL 33877		3.4. CITY-5	ST-ZIP			
TITLE	<u> </u>	☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S				
TITLE		☐ DELETE	5.1 TITLE	$\neg \uparrow$		Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY- S	ri-zip			
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME		<del></del>	6.2 NAME	]			)
STREET ADDRESS			6.3 STREE	T ADDRESS			
SIKEEI AUURESS							

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 anattachment with an address, with all other like empowered.

SIGNATURE:

OFFICER OR DIRECTOR