


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90292 020 ****61.25

DOCUMENT # N98000005474

1. Entity Name
THE RIDGE IRRIGATION COOPERATIVE



Principal Place of Business
**STATE ROAD 540
P.O. BOX 287
WAVERLY, FL 33877**

Mailing Address
**6116 N.CENTRAL #1200
DALLAS, FL 75206**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



03022005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-0324290

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SAMMONS, ROBERT O
1552 SIXTH STREET SE
WINTER HAVEN, FL 33880**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing 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	D	<input type="checkbox"/> Delete
NAME	HUSTED, JOHN	
STREET ADDRESS	242 KILMER LANE SE	
CITY-ST-ZIP	WINTER HAVEN, FL 33884	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCMULLEN, BILL	
STREET ADDRESS	8757 COUNTY LINE RD	
CITY-ST-ZIP	DELANO, MN 55328	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WEEKS, BRUCE	
STREET ADDRESS	PO BOX 287	
CITY-ST-ZIP	WINTER HAVEN, FL 338770287	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARD, ORROCK	
STREET ADDRESS	4424 MCFARLIN	
CITY-ST-ZIP	DALLAS, TX 75205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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		
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 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: *John Husted* **JOHN HUSTED** **3/27/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #