

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000000901

**Entity Name:** RIDGE LIVE STEAMERS, INC.

**Current Principal Place of Business:**

7750 SCENIC HIGHWAY 17  
LAKE WALES, FL 33898

**Current Mailing Address:**

232 LAKE DAVENPORT ESTATES DR  
DAVENPORT, FL 33897 US

**FEI Number:** 59-3366323

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

YURKANIN, ADAM J  
232 LAKE DAVENPORT ESTATES DR  
DAVENPORT, FL 33897 US

*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:** ADAM YURKANIN

03/14/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name MEYER, TIM  
Address 5980 FOXHOLLOW ROAD  
City-State-Zip: WINTER HAVEN FL 33884

Title SECRETARY  
Name NOTHDORF, RANDY  
Address 5909 HIGH GLEN DRIVE  
City-State-Zip: LAKELAND FL 33813

Title PRESIDENT  
Name DELOACH, FRED  
Address 11230 82ND STREET E  
City-State-Zip: PARRISH FL 34219

Title VP  
Name BLISS, DANA  
Address 6351 BEECHWOOD AVE  
City-State-Zip: LAKE WALES FL 33838

Title DIRECTOR  
Name FUNK, DAVE  
Address 7840 SAMVILLE ROAD  
City-State-Zip: N FORT MYERS FL 33917

Title DIRECTOR  
Name STARCK, MIKEY  
Address 12725 93RD STREET  
City-State-Zip: FELLSMERE FL 32948

Title DIRECTOR  
Name RAUCH, BRUCE  
Address 105 KNOLL WOOD DRIVE  
City-State-Zip: POINCIANA FL 34759

Title TREASURER  
Name YURKANIN, ADAM JOHN  
Address 232 LAKE DAVENPORT ESTATES DR  
City-State-Zip: DAVENPORT FL 33897

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*I hereby 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 all other like empowered.*

**SIGNATURE:** ADAM YURKANIN

**TREASURER**

03/14/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name CLEMONS, RICHARD  
Address 436 COOPERS COVE ROAD  
City-State-Zip: SAINT AUGUSTINE FL 32095

Title DIRECTOR  
Name DOBLER, RICHARD  
Address 7750 SCENIC HIGHWAY 17  
City-State-Zip: LAKE WALES FL 33898

Title DIRECTOR  
Name LONGCORE, DAVID  
Address 7750 SCENIC HIGHWAY 17  
City-State-Zip: LAKE WALES FL 33898