## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000901

Entity Name: RIDGE LIVE STEAMERS, INC.

**Current Principal Place of Business:** 

124 CANDLEWOOD DRIVE LAKE WALES. FL 33898

**Current Mailing Address:** 

124 CANDLEWOOD DRIVE LAKE WALES. FL 33898 US

FEI Number: 59-3366323 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FORTE, JOHN T III 124 CANDLEWOOD DRIVE LAKE WALES, FL 33898 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: JOHN T FORTE III 04/04/2016

Electronic Signature of Registered Agent

Officer/Director Detail:

City-State-Zip:

Title **PRESIDENT** Title VICE PRESIDENT PATRICK, ROLLIN Name Name MEYER, TIM

5980 FOXHOLLOW ROAD Address PO BOX 560262 Address WINTER HAVEN FL 33884 MONTVERDE FL 33475 City-State-Zip: City-State-Zip:

Title **SECRETARY** Title **TREASURER** 

Name NEWCOMB, ALLEN P FORTE, JOHN T III Name Address **433 SEAWANE CIRCLE** Address 124 CANDLEWOOD DRIVE AUBURNDALE FL 33823 City-State-Zip: City-State-Zip: LAKE WALES FL 33898

Title DIRECTOR Title **DIRECTOR** 

Name BABCOCK, ROBERT DELOACH . FRED Name Address 4174 ABACO DRIVE

Address 11522 84TH ST CIRCLE E **UNIT 106** 

City-State-Zip: TAVERES FL 32788 City-State-Zip: PARRISH FL 34219

Title DIRECTOR **DIRECTOR** Title Name BLISS, DANA

Name REID, JAMES 3530 MERWIN ROAD Address Address

6506 OAK HAMMOCK LANE City-State-Zip: LAPEER MI 48446

Continues on page 2

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.

04/04/2016 SIGNATURE: JOHN T FORTE III TREASURER

Electronic Signature of Signing Officer/Director Detail

WINTER HAVEN FL 33884

Date

**FILED** Apr 04, 2016

Secretary of State

CC4620345973

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name MOUTRAY, ROBERT

Address 5715 HIGHWAY 85 N #324

City-State-Zip: CRESTVIEW FL 32536

Title DIRECTOR

Address

Name RAUCH, BRUCE

0" 0" 7" DOINGIANA EL 04750

105 KNOLL WOOD DRIVE

City-State-Zip: POINCIANA FL 34759

Title DIRECTOR

Name DOBLER, RICHARD

Address 7750 N SCENIC HIGHWAY

City-State-Zip: LAKE WALES FL 33898