2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000901

Entity Name: RIDGE LIVE STEAMERS, INC.

Current Principal Place of Business:

7760 SCENIC HIGHWAY 17 LAKE WALES. FL 33898

Current Mailing Address:

PO BOX 1118

DUNDEE, FL 33838 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 03/02/2024

Electronic Signature of Registered Agent

Date

FILED Mar 02, 2024

Secretary of State

2535941464CC

Officer/Director Detail:

Title PRESIDENT Title SECRETARY

NameMEYER, TIMNameNOTHDORF, RANDYAddress5980 FOXHOLLOW ROADAddress5909 HIGH GLEN DRIVECity-State-Zip:WINTER HAVEN FL 33884City-State-Zip:LAKELAND FL 33813

Title DIRECTOR Title DIRECTOR

NameDELOACH, FREDNameSTARCK, MICHAELAddress11230 82ND STREET EAddress275 DEL MONTE STCity-State-Zip:PARRISH FL 34219City-State-Zip:FORT PIERCE FL 34946

Title DIRECTOR Title TREASURER

Name RAUCH, BRUCE Name YURKANIN, ADAM JOHN

Address 105 KNOLL WOOD DRIVE Address 232 LAKE DAVENPORT ESTATES DR

City-State-Zip: POINCIANA FL 34759 City-State-Zip: DAVENPORT FL 33897

Title DIRECTOR Title DIRECTOR

Name CLEMONS, RICHARD Name LONGCORE, DAVID

Address 436 COOPERS COVE ROAD Address 7750 SCENIC HIGHWAY 17
City-State-Zip: SAINT AUGUSTINE FL 32095 City-State-Zip: LAKE WALES FL 33898

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.

SIGNATURE: ADAM YURKANIN TREASURER 03/02/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title VP

Name KOVALSKY, JIM

Address 2219 GABRIEL LANE

City-State-Zip: WEST PALM BEACH FL

Title DIRECTOR

Name PERKINS, JR., JESSE

Address 3830 SHADY OAK DRIVE W

City-State-Zip: LAKELAND FL 33810

Title DIRECTOR

Name FORTE, JOHN

Address 124 CANDLEWOOD DRIVE

City-State-Zip: LAKE WALES FL 33898