2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Sep 10, 2004 08:00 AM Secretary of State

DOCUMENT # 710825 1. Entity Name FRIENDS OF RIDGECREST, INC.				Secreta	ry of State
Principal Pla 2253-1191 LARGO, FL	TH ST.,N.	Mailing Address 2253-119TH ST.,N. LARGO, FL 33778		1 INNET CHART FIRST DAVIS CORNE FIRST BUT BUT BUT BUT	ili etali elektronomias di Jest
	DO NOT WRITE	en Line de la companya de Line de la companya	OF THE	4. FEI Number 59-1004617 5. Certificate of Status Desired	37 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Regist BAILEY, WAYMAN B. 1090 16TH AVENUE S.W. LARGO, FL 33770			Annual Control of the	DO NOT WRITE IN THIS SPACE	
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 Signature, typed or printed name of registered agent and title 4 applicable. (NOTE: Registered Agent signature required when rensisting) DATE					
D	Filing Fee is \$61.25 Due by September 8, 2004	Election Campaign Finan Trust Fund Contribution.		00 May Be U00000172118 03/10/04-80003-0	022 61 .25
TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	LARGO, FL 33778 SD POINSETTA, JUANITA	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAILEY, WAYMAN 1090 16TH AVENUE S.W. LARGO, FL 33778			DO NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP	WATERS, GENEVA 12001 BELCHER RD, APT. N224 LARGO, FL 33773			IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZP	VP MCCOWTHAN, WANDA 1474 CROSBY STREET LARGO, FL 33778			IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_				
12. I hereby of indicated of the cor changed,	certify that the information supplied with this f on this report or supplemental report is true poration or the receiver or trustee empowers or on an attachment with an address, with a	illing does not qualify for the exem and accurate and that my signatu d to execute this report as require Il other tike empowered.	ption stated in Sect re shall have the sa ed by Chapter 817,	tion 119.07(3)(i), Florida Statutes. I further certifame legal effect as if made under oath; that I am Florida Statutes; and that my name appears in I	y that the information i an officer or director Block 10 or Block 11 if
SIGNATURE: Jasky Blady A President 9/8/04 727 547 0600 SIGNATURE: Jasky Blady And Typed Of Printing Name of Signang Officer on Direction Phone F					