


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 15, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 710825  
 1. Entity Name  
 FRIENDS OF RIDGECREST, INC.



Principal Place of Business      Mailing Address  
 2253-119TH ST. N.      2253-119TH ST. N.  
 LARGO, FL 33778      LARGO, FL 33778



01272005 No Chg-NP      CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 59-1004617      Not Applicable

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

6. Name and Address of Current Registered Agent  
 BAILEY, WAYMAN B.  
 1090 16TH AVENUE S.W.  
 LARGO, FL 33770

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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: *Wayman B. Bailey*      DATE: 7/1/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEAL, TASKER JR. 1731 TAYLOR LAKE PLACE LARGO, FL 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POINSETTA, JUANITA 2232 2ND WAY S.W. LARGO, FL 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAILEY, WAYMAN 1090 16TH AVENUE S.W. LARGO, FL 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD WATERS, GENEVA 12001 BELCHER RD, APT. N224 LARGO, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCOWTHAN, WANDA 1474 CROSBY STREET LARGO, FL 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000372972  
 07/15/05-80005-006 61.25

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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: *Tasker Beal, Jr*      DATE: 7/12/05      727 547 0600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Day      Daytime Phone #