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**May 01, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 729003**

1. Corporation Name

**RIDGE ELECTRONIC SERVICERS' ASSOCIATION, INCORPORATED**

Principal Place of Business

2615 ELLIS AVENUE  
P.O. BOX 389  
EATON PARK FL 33840

Mailing Address

2615 ELLIS AVENUE  
P.O. BOX 389  
EATON PARK FL 33840



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/07/1974

4. FEI Number

59-1869399

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

MUNSON, PETER J.  
1701 S FLORIDA AVENUE  
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME MCGINNIS, WILLIAM  
STREET ADDRESS 1018 MEADOW AVE  
CITY-ST-ZIP LAKELAND FL

TITLE P  
NAME JORDAN, F  
STREET ADDRESS 1261 34TH ST NW  
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE D  
NAME JOHNSON, WILLIAM  
STREET ADDRESS 219 E. CENTRAL AVE.  
CITY-ST-ZIP LAKE WALES FL

TITLE V  
NAME BRANDT, WALTER S.  
STREET ADDRESS 3400 HAVENDALE BLVD  
CITY-ST-ZIP WINTER HAVEN FL

TITLE D  
NAME REDDICK, C  
STREET ADDRESS 920 W LAKE CANNON DR  
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE P  
NAME BARRY, RAYMOND  
STREET ADDRESS 1925 HALLAM DRIVE  
CITY-ST-ZIP LAKELAND FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *CAI R...*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99 941-299-4850

Date Daytime Phone #

CR2E037 (1/98)