2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# K55693

Entity Name: RIDGE CAPITAL FUND, INC.

Current Principal Place of Business:

290 CYPRESS GARDENS BLVD
NOLEN GROUP
WINTER HAVEN, FL 33882

New Principal Place of Business:

290 CYPRESS GARDENS BLVD
WINTER HAVEN, FL 33880

Current Mailing Address:

POB 1439
WINTER HAVEN, FL 33882

New Mailing Address:

FEI Number: 59-2928120 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAMMONS, ROBERT O.
1556 SIXTH ST., S.E.
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: NOLEN, J. M.,
Address: 4100 COUNTRY CLUB RD
City-St-Zip: WINTER HAVEN, FL 33881

Title: DST ( ) Delete
Name: ADAMS, JOHN P.,
Address: 7 PEACHTREE LANE, SE
City-St-Zip: WINTER HAVEN, FL

Title: DVP ( ) Delete
Name: ADAMS, ANN DANIELS,
Address: 7 PEACHTREE LANE SE
City-St-Zip: WINTER HAVEN, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. M. NOLEN DP 04/02/2009

Electronic Signature of Signing Officer or Director — Date