

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90259 028 ****61.25

DOCUMENT # N00000002743

1. Entity Name
RIDGE BARNSTORMERS OF LAKE WALES, INC.



Principal Place of Business
**100 HEATHERWOOD BLVD
LAKE WALES, FL 33859**

Mailing Address
**100 HEATHERWOOD BLVD
LAKE WALES, FL 33859**

50000147



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3650786

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COOPY, PHILIP R
100 HEATHERWOOD BLVD
LAKE WALES, FL 33859**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME COOPY, PHILIP R
STREET ADDRESS 100 HEATHERWOOD BLVD
CITY-ST-ZIP LAKE WALES, FL 33859

TITLE ☒ Change ☐ Addition
NAME OLSON, JOHN
STREET ADDRESS 540 CLUBHOUSE DR.
CITY-ST-ZIP LAKE WALES, FL 33898

TITLE VD ☐ Delete
NAME OLSON, JOHN
STREET ADDRESS CLUBHOUSE DR
CITY-ST-ZIP LAKE WALES, FL 33898

TITLE ☒ Change ☐ Addition
NAME HENRY, JOHN
STREET ADDRESS 1117 N. LAKESHORE DR.
CITY-ST-ZIP LAKE WALES, FL 33853

TITLE SD ☐ Delete
NAME CUMMINGS, ROBERT SEC.
STREET ADDRESS 10404 HWY 27 LOT 277
CITY-ST-ZIP FROSTPROOF, FL 33843

TITLE ☒ Change ☐ Addition
NAME COOPY, PHILIP R.
STREET ADDRESS 100 HEATHERWOOD BLVD.
CITY-ST-ZIP LAKE WALES, FL 33859

TITLE DT ☐ Delete
NAME POWERS, CHARLES M
STREET ADDRESS 231 N MAXY QTRS RD
CITY-ST-ZIP FROSTPROOF, FL 33843

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME LESAGE, JAMES
STREET ADDRESS 121 CARVER ST
CITY-ST-ZIP LAKE WALES, FL 33898

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SCHABERG, RALPH
STREET ADDRESS 7337 SR 60 E
CITY-ST-ZIP LAKE WALES, FL 33898

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Philip R. Coopy **Philip R. Coopy**

1-8-07

(863) 638-0994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #