2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

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Entity Name: RIDGE BARNSTORMERS OF LAKE WALES, INC.

Current Principal Place of Business:

100 HEATHERWOOD BLVD
LAKE WALES, FL 33859

New Principal Place of Business:

Current Mailing Address:

100 HEATHERWOOD BLVD
LAKE WALES, FL 33859

New Mailing Address:

FEI Number: 59-3650786 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: HENRY, JOHN
Address: 1117 N LAKESHORE DR
City-St-Zip: LAKE WALES, FL 33853 PO

Title: PD ( ) Delete
Name: COOPY, PHILIP
Address: 100 HEATHERWOOD BLVD
City-St-Zip: LAKE WALES, FL 33859 PO

Title: SD ( ) Delete
Name: SCHABERG, RALH
Address: 7337 SR 60E
City-St-Zip: LAKE WALES, FL 33898 PO

Title: DT ( ) Delete
Name: POWERS, CHARLES M
Address: 231 N MAXY QTRS RD
City-St-Zip: FROSTPROOF, FL 33843 PO

Title: D ( ) Delete
Name: BREEN, GEORGE
Address: 101 BREEN RD
City-St-Zip: LAKE WALES, FL 33898

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HENRY, JOHN
Address: 1117 N LAKESHORE DR
City-St-Zip: LAKE WALES, FL 33853 PO

Title: SD (X) Change ( ) Addition
Name: COOPY, PHILIP
Address: 100 HEATHERWOOD BLVD
City-St-Zip: LAKE WALES, FL 33859 PO

Title: VD (X) Change ( ) Addition
Name: GRESKOWITZ, JOHN
Address: 433 CANAL DR
City-St-Zip: LAKE WALES, FL 33859 PO

Title: DT (X) Change ( ) Addition
Name: WULFF, TOM
Address: 349 STOKES RD
City-St-Zip: LAKE WALES, FL 33898 PO

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP R COOPY SD 01/07/2009

Electronic Signature of Signing Officer or Director — Date