

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90019 031 \*\*\*\*61.25

<b>DOCUMENT # N01000006154</b> 1. Entity Name <b>RIDGE YOUTH SPORTS ASSOCIATION, INC.</b>					
Principal Place of Business <b>936 VIA BIANCA DR. DAVENPORT, FL 33837</b>			Mailing Address <b>C/O FRANK SCHNEIDER 601 GRAND RESERVE DR. DAVENPORT, FL 33837</b>		
2. Principal Place of Business		3. Mailing Address <b>c/o Phyllis Thibault</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>P.O. Box 137185</b>			
City & State		City & State <b>Clermont, Florida</b>			
Zip <b>34713</b>	Country <b>USA</b>	4. FEI Number <b>59-3572949</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>SCHNEIDER, FRANK J 601 GRAND RESERVE DR. DAVENPORT, FL 33837</b>			7. Name and Address of New Registered Agent Name <b>Phyllis Thibault</b> Street Address (P.O. Box Number is Not Acceptable) <b>14183 Vista del Lago Blvd.</b> City <b>Winter Garden</b> <b>FL</b> Zip Code <b>34787</b>		
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 <u>Phyllis Thibault, treasurer</u> <u>Phyllis Thibault Feb. 20, 2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relocating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PACE, ED</b> <b>936 VIA BIANCA DR.</b> <b>DAVENPORT, FL 33837</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D, T</b> <b>Phyllis Thibault</b> <b>14183 Vista del Lago Blvd.</b> <b>Winter Garden, FL 34787</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SMITH, KRISTINE</b> <b>936 VIA BIANCA DR.</b> <b>DAVENPORT, FL 33837</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHNEIDER, FRANK J</b> <b>601 GRAND RESERVE DR.</b> <b>DAVENPORT, FL 33837</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 grant attachment with an address, with all other like empowered.					
<b>SIGNATURE: <u>Phyllis Thibault</u> <u>Phyllis Thibault</u> <u>02/20/06</u> <u>407-239-6656</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					