

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90037 040 \*\*\*\*70.00

<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 US</b>				Mailing Address <b>C/O PHYLLIS THIBAUT P.O. BOX 137185 CLERMONT, FL 34713 US</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>C/O James Hanna P.O. Box 137185 Clermont FL</b>			
City & State <b>CLERMONT FL</b>		City & State <b>CLERMONT FL</b>		4. FEI Number <b>59-3572949 20-5051921</b>	
Zip <b>34713</b>		Country <b>US</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>THIBAUT, PHYLLIS 14183 VISTA DEL LAGO BLVD. WINTER GARDEN, FL 34787</b>				7. Name and Address of New Registered Agent Name <b>James Hanna</b> Street Address (P.O. Box Number is Not Acceptable) <b>122 WHITE HALL ST</b> City <b>DAVENPORT</b> FL Zip Code <b>33896</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>James Hanna</u> <u>2/28/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ANDREA FALLS</b> <b>308 WHISPER RIDGE LANE</b> <b>DAVENPORT, FL 33897</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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>DT</b> <b>THIBAUT, PHYLLIS</b> <b>14183 VISTA DEL LAGO BLVD</b> <b>WINTER GARDEN, FL 34787</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>JAMES HANNA</b> <b>122 WHITE HALL ST</b> <b>DAVENPORT, FL 33896</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MCKINNIE, MICHELLE</b> <b>16632 LA TRINA COURT</b> <b>WINTER GARDEN, FL 34787</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		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		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 on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>James Hanna</u> <u>2/28/08</u> <u>407-257-8849</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					