


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000008794</b>		
1. Entity Name RIDGE ASSOCIATION OF HEALTH UNDERWRITERS, INC.		
Principal Place of Business 225 E. LEMON ST STE 351 LAKELAND, FL 33801	Mailing Address P.O. BOX 2808 LAKELAND, FL 33806	



**DO NOT WRITE IN THIS SPACE**

04292005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3522626	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

WENDEL, JOHN F  
WENDEL & CHRITTON, CHARTERED  
5300 S. FLORIDA AVE.  
LAKELAND, FL 33813

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOSTMAN, JOHN 380 SOUTHAMPTON BLVD AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE SALE, GREG P.O. BOX 2 LAKELAND, FL 33802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHULABE, STEVEN 9 SUN AIR BLVD HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CAIN, LUETTA H P.O. BOX 980 AUBURNDALE, FL 338233444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS, BRUCE 7722 STARE RD STE 215 WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000355325  
05/03/05-80143-005 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  4/29/05 963/422-1713  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #