

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90165 047 \*\*\*\*61.25

<b>DOCUMENT # N02000006870</b>					
<b>1. Entity Name</b> RIDGE MUSIC TEACHERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> LAKELAND CHRISTIAN SCHOOL 1111 FOREST PARK ST LAKELAND, FL 33803			<b>Mailing Address</b> 5971 CHARLENE DR. CHARLOMA DRIVE LAKELAND, FL 33813		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 5971 CHARLOMA DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04062005    Chg-NP    CR2E037 (10/03)	
City & State		City & State		<b>4. FEI Number</b> 02-0642826	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  WHITE, SHERON 5971 CHARLENE DR. LAKELAND, FL 33813				<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) 5971 CHARLOMA DRIVE City FL    Zip Code	
<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.</b>					
SIGNATURE: <u>Sheron White</u> <u>April 7, 2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> 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>	
<b>TITLE</b> P <input type="checkbox"/> Delete <b>NAME</b> WHITE, SHERON <b>STREET ADDRESS</b> 5971 CHARLOMA DRIVE <b>CITY-ST-ZIP</b> LAKELAND, FL 33813					
<b>TITLE</b> S <input checked="" type="checkbox"/> Delete <b>NAME</b> BYYKKONEN, SUSIE <b>STREET ADDRESS</b> 6547 SHEPHERD OAKS ST. <b>CITY-ST-ZIP</b> LAKELAND, FL 33811					
<b>TITLE</b> T <input type="checkbox"/> Delete <b>NAME</b> WAGY, JUDITH <b>STREET ADDRESS</b> 240 CHAUCER LANE <b>CITY-ST-ZIP</b> WINTER HAVEN, FL 33884					
<b>TITLE</b> V <input type="checkbox"/> Delete <b>NAME</b> VASQUEZ, AMARILIS <b>STREET ADDRESS</b> 6306 FORESTWOD DR. W <b>CITY-ST-ZIP</b> LAKELAND, FL 33811					
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP					
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP					
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP					
<b>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.</b>				<b>SIGNATURE:</b> <u>Sheron White</u> <u>April 7, 2005</u> 863-688-2771 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>	