
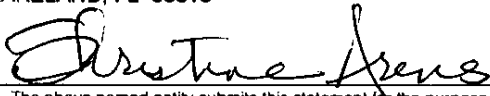
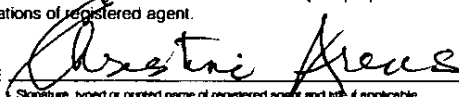
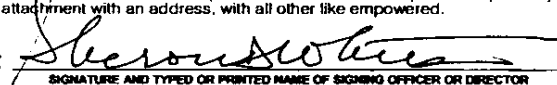


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90020 011 ****61.25

DOCUMENT # N02000006870 1. Entity Name RIDGE MUSIC TEACHERS ASSOCIATION, INC.					
Principal Place of Business LAKELAND CHRISTIAN SCHOOL 1111 FOREST PARK ST LAKELAND, FL 33803			Mailing Address 5971 CHARLOMA DR. LAKELAND, FL 33813		
2. Principal Place of Business - No P.O. Box # 42 Hammock Hickory Hammock Rd Suite, Apt. #, etc.			3. Mailing Address Hickory Hammock Rd Suite, Apt. #, etc.		
City & State Lake Wales FL		City & State FL		4. FEI Number 02-0642826	
Zip 33859 Country USA		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHITE, SHERON 5971 CHARLOMA DR. LAKELAND, FL 33813 			7. Name and Address of New Registered Agent Name Christine Arens Street Address (P.O. Box Number is Not Acceptable) 42 Hickory Hammock Rd City Lake Wales FL Zip Code 33859		
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  DATE 4.08.08					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITE, SHERON 5971 CHARLOMA DRIVE LAKELAND, FL 33813	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WAGY, JUDITH 240 CHAUCER LANE WINTER HAVEN, FL 33884	<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	V VAZQUEZ, AMARILIS 6306 FORESTWOD DR. W LAKELAND, FL 33811	<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	S ARENS, CHRISTINE 42 HICKORY HAMMOCK RD LAKE WALES, FL 33859	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Virginia James Secretary 5309 Timberland Road Lake Wales FL 33
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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.					
SIGNATURE:  February 10, 2008 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

Treasurer

863-688-2771