

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000007677	
1. Entity Name COUGAR RIDGE CENTER, INC.	
Principal Place of Business 2547 WAYSIDE FARM RD HAVANA, FL 32333	Mailing Address 2547 WAYSIDE FARM RD HAVANA, FL 32333



FILED
Aug 29, 2008 08:00 AM
Secretary of State



08252008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 82-0572935	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, GLORIA
2547 WAYSIDE FARM RD
HAVANA, FL 32333**

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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

[Signature]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

8/25/08
DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

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	D GUZZO, GARY A 1320 GOLF TERR DR TALLAHASSEE, FL 32301
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLOWAY, CLYDE W 2547 WAYSIDE FARM RD HAVANA, FL 32333
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, GLORIA N 2547 WAYSIDE FARM RD HAVANA, FL 32333
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000958563
08/29/08-80001-023 61.25

**DO NOT WRITE
IN THIS SPACE**

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 duly empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #