

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 22, 2006 8:00 am**  
**Secretary of State**

05-22-2006 90041 010 \*\*\*\*61.25

**DOCUMENT # N02000009054**

1. Entity Name  
R.I.D. GROUP HOME INC.



Principal Place of Business  
30103 SW 153 PL  
LEISURE CITY, FL 33032

Mailing Address  
30103 SW 153 PL  
LEISURE CITY, FL 33032

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05192006

Chg-NP

CR2E037 (4/06)

4. FEI Number  
01-0755319

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANCIS, LEON B  
100 NE 15 ST #204  
HOMESTEAD, FL 33030

Name  
**LEON B. FRANCIS**  
Street Address (P.O. Box Number is Not Acceptable)  
**224 WASHINGTON AV # 5**  
**HOMESTEAD FL 33030**  
City **FL** Zip Code

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

**LEON B FRANCIS**

(NOTE: Registered Agent signature required when re-registering)

**5/19/06**

DATE

**Filing Fee is \$61.25**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D WATERMAN, DIANN**  
**1605 NW 1 AVE**  
**FLORIDA CITY, FL 33034**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D HARRIS, IRENE**  
**18885 SW 296 ST**  
**HOMESTEAD, FL 33030**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D RUSSELL, REBECCA**  
**25601 SW 133 CT**  
**HOMESTEAD, FL 33030**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/19/06** **786-290-1649**  
Date Daytime Phone #