

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2008 08:00 AM
Secretary of State

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



07232008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0755319	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FRANCES, LEON B
224 WASHINGTON AVE STE 5
HOMESTEAD, FL 33030

**DO NOT WRITE
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 September 12, 2008**

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

10. OFFICERS AND DIRECTORS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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07/30/08-80002-006 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 like empowered.

SIGNATURE: Rebecca Russell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/08
Date

305-248-5390
Daytime Phone #