

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009465

FILED
Feb 21, 2005
Secretary of State

Entity Name: RIDGELAND COMMUNITY CHURCH, INC.

Current Principal Place of Business:

% P.O. BOX 135096
CLERMONT, FL 34713

New Principal Place of Business:

16554 CROSSINGS BLVD.
205
CLERMONT, FL 34711

Current Mailing Address:

% P.O. BOX 135096
CLERMONT, FL 34713

New Mailing Address:

FEI Number: 42-1569597 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SARTIN, MARK D DR.
5500 LOMA VISTA LOOP
CHAMPIONS GATE, FL 33896 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SARTIN, MARK DR.
Address: P.O. BOX 135096
City-St-Zip: CLERMONT, FL 34713

Title: V () Delete
Name: SARTIN, SHERRI
Address: 5500 LOMA VISTA LOOP
City-St-Zip: CHAMPIONS GATE, FL 33896

Title: T () Delete
Name: INGELS, JOHN
Address: 5630 HAMLIN CLOSE RD.
City-St-Zip: CHAMPIONS GATE, FL 33896

Title: S () Delete
Name: CROTEAU, RICK
Address: 2822 MAYFLOWER LOOP
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: BUSKE, JASON
Address: 5564 LOMA VISTA LOOP
City-St-Zip: CHAMPIONS GARE, FL 33896

Title: H () Delete
Name: INGELS, PEGGY
Address: 5630 HAMLIN CLOSE RD.
City-St-Zip: CHAMPIONS GATE, FL 33896

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: PAGAN, JAIME
Address: 789 ROYAL PALM DRIVE
City-St-Zip: KISSIMMEE, FL 34743

Title: T (X) Change () Addition
Name: HOLLIS, ROBINSON DR.
Address: 6 HIDEAWAY LANE
City-St-Zip: WINTER HAVEN, FL 33881

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. MARK SARTIN

PD

02/21/2005

Electronic Signature of Signing Officer or Director

Date