

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90020 043 ****61.25

DOCUMENT # N03000002437					
1. Entity Name RIDGEWOOD AREA NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 4224 PINEWOOD AVE JACKSONVILLE, FL 32207			Mailing Address 4224 PINEWOOD AVE JACKSONVILLE, FL 32207		
2. Principal Place of Business - No P.O. Box # 4627 Peachtree Cir. E. Suite, Apt. #, etc.		3. Mailing Address 4627 Peachtree Cir. E. Suite, Apt. #, etc.			
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 59-3443339	
Zip 32207		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHILL, ALICE 4224 PINEWOOD AVE JACKSONVILLE, FL 32207			7. Name and Address of New Registered Agent Name: Kathy Mease Street Address (P.O. Box Number is Not Acceptable): 4627 Peachtree Cir. E. City: Jacksonville FL Zip Code: 32207		
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: <u>Kathy Mease</u> 4/2/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 P NAME WAGNER, PAUL STREET ADDRESS 4550 PINEWOOD AVE CITY-ST-ZIP JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/> Delete		TITLE P NAME Emilie Olson STREET ADDRESS 4341 Rosewood Ave. CITY-ST-ZIP Jacksonville, FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME BRYANT, CAROLYN STREET ADDRESS 4632 PINEWOOD AVE CITY-ST-ZIP JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/> Delete		TITLE VP NAME Jay Neale STREET ADDRESS 4326 Rosewood Ave. CITY-ST-ZIP Jacksonville, FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME YORK, RUDY STREET ADDRESS 4210 PINEWOOD AVE CITY-ST-ZIP JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete		TITLE - NAME - STREET ADDRESS - CITY-ST-ZIP -	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BLOOM, LEON STREET ADDRESS 4316 PEACHTREE CR. E. CITY-ST-ZIP JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete		TITLE - NAME - STREET ADDRESS - CITY-ST-ZIP -	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME DYER, GREG STREET ADDRESS 4504 REDWOOD AVENUE CITY-ST-ZIP JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete		TITLE - NAME - STREET ADDRESS - CITY-ST-ZIP -	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TS NAME SCHILL, ALICE STREET ADDRESS 4224 PINEWOOD AVE CITY-ST-ZIP JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/> Delete		TITLE TS NAME Kathy Mease STREET ADDRESS 4627 Peachtree Cir. E. CITY-ST-ZIP Jacksonville, FL 32207	<input checked="" type="checkbox"/> Change <input checked="" 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: <u>Kathy Mease</u>			4/2/08 (904) 993-6195		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		