2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Aug 28, 2006 8:00 am Secretary of State

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DOCUMENT # N0400006863 1. Entity Name RIDGE SOCCER ASSOCIATION, INC.				08-28-2006	90002 039 ****61.25	
Principal Place of Business 130 E CENTRAL AVE LAKE WALES, FL 33853		Mailing Address P O BOX 2338 LAKE WALES, FL 33859			50026462	
2. Principal Place of Business		3. Mailing Address 3570 Silver Oak Court				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08242006 Chg-NP	CR2E037 (4/06)	
City & State		City & State Lake Wales FI			4. FEI Number 20-1391381	Applied For Not Applicable
Zip	Country	33898	Country USA		5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Currer	t Registered Agent			7. Name and Address of New I	· · · · · · · · · · · · · · · · · · ·
DYKXHOORN, JACOB C			N	Name Name		
130 E CEN	ITRAL AVE LES, FL 33853			Street Address (P.O. Box Number is Not Acceptable)		
	,					
			C	City		FL Zip Code
	named entity submits this statement ions of registered agent.	for the purpose of changir	ng its registered o	office or registe	red agent, or both, in the State of F	lorida. I am familiar with, and accept
						
SIGNATURE .						
OIGHATOTIC -	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Registered Age	ent signature require	(when reinstation)	DATE
****					a mile i venerali gr	DATE .
D	Filing Fee is \$61.25 ue by September 6, 2006		n Campaign Finar und Contribution.		\$5.00 May Be-	Make Check payable to
10.	_	Trust Fo		ncing -	\$5.00 May Be-	Make Check payable to
	OFFICERS AND D DP SHIELDS, ROBERT D % 130 E CENTRAL AVE	Trust Fo	und Contribution.	D DORESS	\$5.00 May Be- Added to Fees	Make Check payable to rida Department of State ERS AND DIRECTORS IN 10 Change Addition
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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: _

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/06

863-676-1411 Daytime Phone #