

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 OCT -4 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N28201

1. Entity Name
RIDGEFIELD PRESS, INC.



Principal Place of Business
C/O OWEN GOODWYNE, ATTY.
217 S. ADAMS ST.
TALLAHASSEE, FL 32301

Mailing Address
C/O OWEN GOODWYNE, ATTY.
217 S. ADAMS ST.
TALLAHASSEE, FL 32301



2. Principal Place of Business

3. Mailing Address

1114 Potts Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09082004

Chg-NP

CR2E037 (10/03)

City & State

City & State

Tallahassee FL

4. FEI Number

59-2940731

Applied For

Not Applicable

Zip

Country

Zip

32308-4328

Country

Leon

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLLINS, PATRICIA
1114 POTTS ROAD
TALLAHASSEE, FL 32303

Please correct zip
32308-4328
Thanks

Name

Street Address (P.O. Box Number is Not Acceptable)

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME COLLINS, PATRICIA
STREET ADDRESS C/O STUDIO B 2024 B CAPITAL CIR NW
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☐ Change ☐ Addition
NAME COLLINS, PATRICIA
STREET ADDRESS 1114 Potts Rd
CITY-ST-ZIP Tallahassee FL 32308-4328

TITLE D ☐ Delete
NAME BABER, DEBRA
STREET ADDRESS 3830 MONTFORD DR
CITY-ST-ZIP CHAMBLEE, GA 30341

TITLE ☐ Change ☐ Addition
NAME 700041816507
STREET ADDRESS 10/12/04-01041--010 **70.00
CITY-ST-ZIP

TITLE DST ☐ Delete
NAME GOODWYNE, OWEN
STREET ADDRESS 1924 TEMPLE RD.
CITY-ST-ZIP TALLAHASSEE, FL 32303

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify 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 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

Date

Daytime Phone #

9/10/04 (832)
385-8525