

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

pg 1 of 2

DOCUMENT # N93000000734 (4)

1. Corporation Name

RIDGECREST COMMUNITY SERVICES, INC.



Principal Place of Business

12601 130TH AV N
LARGO FL 34644

Mailing Address

P.O. BOX 816
LARGO FL 34649-0816

3. Date Incorporated or Qualified
02/15/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-3170323

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARRISON, MARY L
19738 GULF BLVD
INDIAN SHORES FL 34635**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CPD** ☐ DELETE
NAME **HARRISON, MARY L**
STREET ADDRESS **19738 GULF BLVD**
CITY-ST-ZIP **INDIAN SHORES FL**

1.1 TITLE **CPD** ☒ Change ☐ Addition
1.2 NAME **HARRISON, MARY L.**
1.3 STREET ADDRESS **19738 GULF BLVD**
1.4 CITY-ST-ZIP **INDIAN SHORES, FL 34635**

TITLE **VCVD** ☐ DELETE
NAME **STEELE, SHIRLEY**
STREET ADDRESS **609 2ND ST**
CITY-ST-ZIP **INDIAN SHORES FL**

2.1 TITLE **VCVD** ☒ Change ☐ Addition
2.2 NAME **STEELE, SHIRLEY**
2.3 STREET ADDRESS **609 2ND ST**
2.4 CITY-ST-ZIP **INDIAN SHORES, FL 34635**

TITLE **DS** ☒ DELETE
NAME **HARRIS, SARAH**
STREET ADDRESS **9296 87TH ST**
CITY-ST-ZIP **SEMINOLE FL**

3.1 TITLE **DT** ☐ Change ☒ Addition
3.2 NAME **RUNNINGHAM, ROY**
3.3 STREET ADDRESS **12340 MONARCH CIR**
3.4 CITY-ST-ZIP **SEMINOLE, FL 34642**

TITLE **D** ☒ DELETE
NAME **CAMPBELL, SONJIA**
STREET ADDRESS **12700 128TH AVE**
CITY-ST-ZIP **LARGO FL**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **SHIELDS, BETTY**
4.3 STREET ADDRESS **920 14TH STREET SW**
4.4 CITY-ST-ZIP **LARGO, FL 34640**

TITLE **D** ☐ DELETE
NAME **FRANKE, ERNIE**
STREET ADDRESS **10484 138TH ST N**
CITY-ST-ZIP **LARGO FL**

5.1 TITLE **DS** ☒ Change ☐ Addition
5.2 NAME **FRANKE, ERNIE**
5.3 STREET ADDRESS **10484 138TH ST N**
5.4 CITY-ST-ZIP **LARGO, FL 34644**

TITLE **D** ☐ DELETE
NAME **PAUL, JOANNE**
STREET ADDRESS **12485 MONROE CT APT B**
CITY-ST-ZIP **LARGO FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-22-96 813-579-1040

CR2E037 (12/95)

N93000000734

pg 2 of 2

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HERM, DEE
1.3 STREET ADDRESS	12537 83RD AVENUE N
1.4 CITY - ST - ZIP	SEMINOLE, FL 34646
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	COLEMAN, GURITA
2.3 STREET ADDRESS	13217 WASHINGTON DR, APT B
2.4 CITY - ST - ZIP	LARGO, FL 34644
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BREED LOVE, ELMIRA
3.3 STREET ADDRESS	13075 PINE STREET
3.4 CITY - ST - ZIP	LARGO, FL 34644
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	OSWALD, RUDY
4.3 STREET ADDRESS	5417 OAKHURST DR
4.4 CITY - ST - ZIP	SEMINOLE, FL 34642
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

I and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further report is true and accurate and that my signature shall have the same legal effect as if made under power to execute this report as required by Chapter 617, Florida Statutes, and that my name

DIRECTOR

Date

Daytime Phone #