

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 33779-0816

3. Date Incorporated or Qualified
02/15/1993

3a. Date of Last Report
04/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **33774**

29

30

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

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

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

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE DT ☐ DELETE
NAME CUNNINGHAM, ROY
STREET ADDRESS 12340 MONARCH CIRCLE
CITY-ST-ZIP SEMINOLE FL

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME SHIELDS, BETTY
STREET ADDRESS 920-14TH ST, SW
CITY-ST-ZIP LARGO FL

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

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

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

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

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do 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 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, as changed, or in a subsequent block.

SIGNATURE:

ROY CUNNINGHAM, Treasurer

322-97

813-823-4404

Date

Daytime Phone # 0052035

CR2E037 (9/96)