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Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000000734 (4)**

1. Corporation Name

RIDGECREST COMMUNITY SERVICES, INC.

Principal Place of Business

Mailing Address

**12601 130TH AV N
LARGO FL 33774
US**

**P.O. BOX 616
LARGO FL 34649-0816**



3. Date Incorporated or Qualified

02/15/1993

4. FEI Number

59-3170323

Applied For

Not Applicable

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

25

29

30

g. 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 reappointing)

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**

TITLE **VCVD** ☐ DELETE

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

TITLE **DT** ☐ DELETE

NAME **CUNNINGHAM, ROY**
STREET ADDRESS **12340 MONARCH CIRCLE**
CITY-ST-ZIP **SEMINOLE FL**

TITLE **D** ☐ DELETE

NAME **SHIELDS, BETTY**
STREET ADDRESS **920-14TH ST, SW**
CITY-ST-ZIP **LARGO FL**

TITLE **SD** ☒ DELETE

NAME **FRANKE, ERNE**
STREET ADDRESS **10484 138TH ST N**
CITY-ST-ZIP **LARGO FL**

TITLE **D** ☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SD
HUKM, DEE
12597 88RD AVE, N.
SEMINOLE, FL 33776**

14. 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 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:

Roy Cunningham
DIRECTOR & TREASURER

Date

Daytime Phone # 0084307

CR2E037 (10/97)