2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)** 

of the corporation or the rec changed, or on an attach no

SIGNATURE

## Feb 15, 2005 8:00 am Secretary of State DOCUMENT # N93000000734 02-15-2005 90025 012 \*\*\*\*61.25 RIDGECREST COMMUNITY SERVICES, INC. Principal Place of Business Mailing Address 12601 130TH AV N LARGO FL 33774 12340 MONARCH CIRCLE C/O ROY CUNNINGHAM TREASURE SEMINOLE FL 33772-3909 25010839 2. Principal Place of Business 3. Mailing Address 9738 EVILE BLVT Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State Applied For 4. FFI Number 59-3170323 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CUNNINGHAM, ROY Street Address (P.O. Box Number is Not Acceptable) 12340 MONARCH CIRCLE SEMINOLE FL 33772-3909 City 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) 4464 (40 pt. 5555) 1657 \$ FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE Change ■ Addition GALOWICZ, J.J. NAME NAME 1710 HIBISCUS CIR N STREET ADDRESS STREET ADDRESS OLDSMAR FL 34677 CITY-ST-7IP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition GAWLOWICZ, BETH NAME NAME 1710 HIBISCUS CIR N STREET ADDRESS STREET ADDRESS OLDSMAR FL 34677 CITY-ST-7(P CITY-ST-ZIP VTD. TITLE Delete TITLE Addition CUNNINGHAM CUNNINGHAM, ROY NAME NAME 12340 MONARCH CIRCLE STREET ADDRESS 2340 MONAMEN EIRCLO STREET ADDRESS SEMINOLE FL 33772-3909 CiTY-ST-7IP CITY-ST-ZIP CPD TITLE ☐ Delete TITLE ☐ Change ☐ Addition HARRISON, MARY LOIS NAME NAME 19738 GULF BLVD STREET ADDRESS STREET ADDRESS INDIAN SHORES FL 33785 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change PAUL, JOANNE NAME NAME 13350 WASHINGTON DRIVE APT A STREET ADDRESS STREET ADDRESS LARGO FL 33774 CITY-ST-ZIP CITY-ST-ZIP TULE ☐ Detete THUE ☐ Change ☐ Addition JOHNSON, MARK JR NAME NAME 11781 128TH AVE N STREET ADDRESS STREET ADDRESS **LARGO FL 33785** CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with indicated on this report or supplemental reports of the corporation or the receive or trustee employees. the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information by signature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

**FILED**