

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000734

FILED  
Apr 13, 2009  
Secretary of State

**Entity Name:** RIDGECREST COMMUNITY SERVICES, INC.

**Current Principal Place of Business:**

19738 GULF BLVD  
INDIAN ROCKS BEACH, FL 33785 US

**New Principal Place of Business:**

19738 GULF BLVD  
INDIAN SHORES, FL 33785 US

**Current Mailing Address:**

1532 LONG ST  
CLEARWATER, FL 33755

**New Mailing Address:**

**FEI Number:** 59-3170323      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOONE, BERTHA L  
1532 LONG ST  
CLEARWATER, FL 33755 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PED ( ) Delete  
Name: BOONE, BERTHA L  
Address: 1532 LONG ST  
City-St-Zip: CLEARWATER, FL 33755

Title: VTD ( ) Delete  
Name: HARRISON, MARY LOIS  
Address: 19738 GULF BLVD  
City-St-Zip: INDIAN SHORES, FL 33785

Title: SD ( ) Delete  
Name: BETTS, YULONDER  
Address: 1360 WOODBINE ST  
City-St-Zip: CLEARWATER, FL 33755

Title: D ( ) Delete  
Name: JOHNSON, DEBRA  
Address: 14078 89TH AVE N  
City-St-Zip: SEMINOLE, FL 337765

Title: D ( ) Delete  
Name: PIERCE, JAMES  
Address: 2906 TORREY PINES CT  
City-St-Zip: CLEARWATER, FL 33761

Title: D (X) Delete  
Name: MILLER, ROSE  
Address: 1255 JEFFORDS ST APT 127A  
City-St-Zip: CLEARWATER, FL 33756

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERTHA L. BOONE

PED

04/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date