## **2003 NOT-FOR-PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N9300000734

RIDGECREST COMMUNITY SERVICES, INC.



**FILED** Apr 28, 2003 8:00 am § Secretary of State

04-28-2003 90161 018 \*\*\*\*61.25

			W. T.	<b>/</b>			
Principal Plac	ce of Business	Mailing Address					
		P.O. BOX 816 LARGO FL 33779					
		· · ·					
2. Principal I	Place of Business	3. Mailing Address /2340 monthes	Mailing Address 340 MONHACH CRCLE				
Suite, Apt	:. #, etc.	c/o Roy Curvia	la Who Tame		HECK HERE IF MAKING	CHANGES	
City & Sta	ate	City & State	ty & State		4. FEI Number 59-3170323 Applied For		
		SEMINOLE	- h /		Not Applicable		
Zip 	Country	33772-3909	Country	5. Certificate of Sta		<b>\$8.75</b> Add Fee Require	
	6. Name and Address of Current F			7. Name and Addr	ess of New Registered A	gent	
ļ	-		Name				
	GHAM, ROY		Street Address (P.O. Box Number is Not Acceptable)				
	IONARCH CIRCLE LE FL 33772-3909			**···			
			City	City = Zip			
		· · · · · · · · · · · · · · · · · · ·	<u>_</u>		FL	<u> </u>	
	e named entity submits this statement for tlions of registered agent.	the purpose of changing its r	egistered office or regis	stered agent, or both, in the	he State of Florida. I am f	amiliar with,	and accept
SIGNATURE							
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signature requ	uired when reinstating)	DATE	_	
		9 Floation Com	noine Eigeneine	<b>A</b> = 00	Bloke Cheek	r Daushia	
	FILE NOW: FEE IS \$61.25	9. Election Camp Trust Fund Co	· · · · · · · · · · · · · · · · · · ·	\$5.00 May Be Added to Fees	Make Check Florida Depart		
					<u> </u>		
10.	OFFICERS AND DIR		11.		S TO OFFICERS AND DIF		
TITLE NAME	OSWALD, RUDY	Delete	NAME 3	J FALOWICZ		Change	Addition
STREET ADDRESS			STREET ADDRESS	DIO HIBISON	S CIR X		
CITY-ST-ZIP	SEMINOLE FL 33772		CITY-ST-ZIP	LDSmm, FL	34677		
TITLE	D : ;	Delete	TITLE			☐ Change	Addition
NAME	STEELE, SHIRLEY	r	NAME 8	1674 ITHWLO	S C.IR. N		•
STREET ADDRESS	1000 THE 01						
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785			LDSM AR, F	034677		
TITLE	VTD	☐ Delete	TITLE	Lanca Palaran	and the	☐ Change	Addition
NAME ~ STREET ADDRESS	CUNNINGHAM, ROY		NAME STREET ADDRESS 3	8442 AVE	5W #B		•
CITY-ST-ZIP	12340 MONARCH CIRCLE SEMINOLE FL 33772-3909		CITY-ST-ZIP	MRgu FL	337/0		
TITLE	CPD CPD	□ Delete	TITLE	MILYU, F-	<u> </u>	☐ Change	☐ Addition
NAME	HARRISON, MARY LOIS	P Delets	NAME				
STREET ADDRESS	19738 GULF BLVD		STREET ADDRESS				
CITY-ST-ZIP	INDIAN SHORES FL 33785		CITY-ST-ZIP				
TITLE	D	☐ Detete		PD		Change	Addition
NAME	PAUL, JOANNE	•	NAME PA	UL, JUANUS	· www.dr#B		
STREET ADDRESS	13350 WASHINGTON DRIVE APT	A					
CITY-ST-ZIP	LARGO FL 33774		CITY-ST-ZIP	KGO, FL 33	<u>ファチ</u>	<del>_</del>	
TITLE	D	Delete	TITLE	-		☐ Change	☐ Addition
NAME	JOHNSON, MARK JR		NAME				
STREET ADDRESS CITY-ST-ZIP	11781 128TH AVE N		STREET ADDRESS CITY-ST-ZIP				
U(11-31-ZIP	LIBERALIE VVIXE		■ UIII-2I-4P 1				

12. 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 report or supplemental 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 peort as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachme

SIGNATURE:

PRESIDENTY DIRECTON