

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N93000004139**

1. Entity Name

RIDGE CHRISTIAN CENTER, INC.**FILED**
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90020 050 ****61.25

Principal Place of Business

**7124 FORBES RD.
ZEPHYRHILLS FL 33541**

Mailing Address

**P.O. BOX 287
LAKE ALFRED FL 33850**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3362704

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent -

**MCCLLOUD, DIANNE A
350 W. HAINES BLVD.
LAKE ALFRED FL 33850**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PTD	<input type="checkbox"/> Delete
NAME	MCCLLOUD, JOHN O SR.	
STREET ADDRESS	1712 LILAC AVE.	
CITY-ST-ZIP	CHESAPEAKE VA 23325	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VSD	<input type="checkbox"/> Delete
NAME	MCCLLOUD, LINDA N	
STREET ADDRESS	1712 LILAC AVE.	
CITY-ST-ZIP	CHESAPEAKE VA 23325	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	SAVAGE, MICHAEL G	
STREET ADDRESS	4410 MOHICAN TRAIL	
CITY-ST-ZIP	VALRICO FL 33594	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	MCCLLOUD, STEPHEN V	
STREET ADDRESS	720 VALLEY STREAM RD	
CITY-ST-ZIP	CHESAPEAKE VA 23325	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	LIPPS, JEFFREY T	
STREET ADDRESS	2827 LAMBERT TRAIL	
CITY-ST-ZIP	CHESAPEAKE VA 23323	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	MCCLLOUD, JOHN O JR.	
STREET ADDRESS	350 W. HAINES BLVD.	
CITY-ST-ZIP	LAKE ALFRED FL 33850	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Linda A. McCLOUD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1-28-02 (863) 956-8831
Date Daytime Phone #

CR2E037 (9/01)