

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2004 8:00 am
Secretary of State

01-27-2004 90004 027 ****61.25

DOCUMENT # N93000004139

1. Entity Name
RIDGE CHRISTIAN CENTER, INC.



Principal Place of Business
**7124 FORBES RD.
ZEPHYRHILLS, FL 33541**

Mailing Address
**P.O. BOX 287
LAKE ALFRED, FL 33850**



01092004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3362704	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MCCLOUD, DIANNE A.
~~550 W. HAINES BLVD.~~ **550 Rainero St.**
LAKE ALFRED, FL 33850

**DO NOT WRITE
IN THIS SPACE**

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 *Dianne A. McCloud, Dianne A. McCloud* 1-21-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MCCLOUD, JOHN O SR. 1712 LILAC AVE. CHESAPEAKE, VA 23325
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MCCLOUD, LINDA N 1712 LILAC AVE. CHESAPEAKE, VA 23325
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLOUD, WILLIAM S 2016 ANGORA DR. CHESAPEAKE, VA 23325
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLOUD, STEPHEN V 720 VALLEY STREAM RD CHESAPEAKE, VA 23325
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIPPS, JEFFREY T 2827 LAMBERT TRAIL CHESAPEAKE, VA 23323
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCCLOUD, JOHN O JR. 550 RAINERO LAKE ALFRED, FL 33850
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IN THIS SPACE**

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: *John O. McCloud Jr.* John O. McCloud Jr. 1/21/04 863-412-6874
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #