

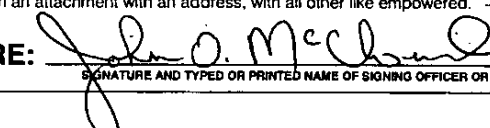


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90023 034 \*\*\*\*61.25

<b>DOCUMENT # N93000004139</b>					
<b>1. Entity Name</b> RIDGE CHRISTIAN CENTER, INC.					
<b>Principal Place of Business</b> 7124 FORBES RD. ZEPHYRHILLS, FL 33541			<b>Mailing Address</b> P.O. BOX 287 LAKE ALFRED, FL 33850		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> P.O. Box 13375			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Chesapeake, VA			
Zip	Country	Zip 23325	Country	<b>4. FEI Number</b> 59-3362704	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> MCCLOUD, DIANNE A 350 W. HAINES BLVD. LAKE ALFRED, FL 33850			<b>7. Name and Address of New Registered Agent</b> Name: JOHN L. FORGETTE - SR. Street Address (P.O. Box Number is Not Acceptable): 7124 FORBES RD. City: Zephyrhills FL Zip Code: 33540		
<b>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.</b>					
SIGNATURE: 			DATE: 1-23-2005		
(NOTE: Registered Agent signature required when reinstating)			Filing Fee is \$61.25 Due by May 1, 2005		
<b>9. Election Campaign Financing</b>			<b>\$5.00 May Be Added to Fees</b>		
Trust Fund Contribution. <input type="checkbox"/>			Make check payable to Florida Department of State		
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MCCLOUD, JOHN O SR. 1712 LILAC AVE. CHESAPEAKE, VA 23325 <input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MCCLOUD, LINDA N 1712 LILAC AVE. CHESAPEAKE, VA 23325 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLOUD, WILLIAM S 2016 ANGORA DR. CHESAPEAKE, VA 23325 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLOUD, STEPHEN V 720 VALLEY STREAM RD CHESAPEAKE, VA 23325 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIPPS, JEFFREY T 2827 LAMBERT TRAIL CHESAPEAKE, VA 23323 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCCLOUD, JOHN O JR. 550 RAINERO LAKE ALFRED, FL 33850 <input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
PTD McCCloud, John O. Jr. 1205 Dewberry Dr. Chesapeake, VA 23320 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>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.</b>					
SIGNATURE: 			DATE: 1-22-05 757-410-9289		
(NOTE: Signature and typed or printed name of signing officer or director)			Daytime Phone #		