

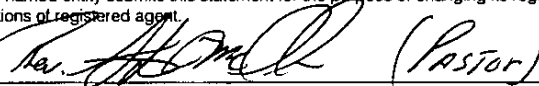
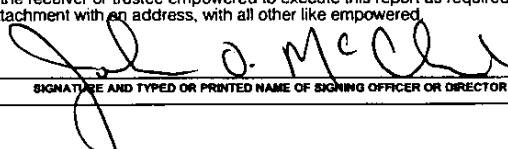


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90340 045 ****61.25

DOCUMENT # N93000004139 1. Entity Name RIDGE CHRISTIAN CENTER, INC.					
Principal Place of Business 7124 FORBES ROAD ZEPHYRHILLS, FL 33541			Mailing Address P.O. BOX 13375 CHESAPEAKE, VA 23325		
2. Principal Place of Business Crossroads Church Suite, Apt. #, etc. 5208 8th street		3. Mailing Address 5208 Suite, Apt. #, etc.		40076100 	
City & State Zephyrhills, FL		City & State		4. FEI Number 59-3362704	
Zip 33540		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FORGETTE, JOHN L SR 7124 FORBES ROAD ZEPHYRHILLS, FL 33540				7. Name and Address of New Registered Agent Name Pastor Steve McAdams Street Address (P.O. Box Number is Not Acceptable) 7020 Forbes Rd. City Zephyrhills FL Zip Code 33540	
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  (Pastor) DATE 4/25/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	VSD	<input checked="" type="checkbox"/> Delete	deceased		
NAME	MCCLLOUD, LINDA N				
STREET ADDRESS	1712 LILAC AVE.				
CITY-ST-ZIP	CHESAPEAKE, VA 23325				
TITLE	D	<input type="checkbox"/> Delete			
NAME	MCCLLOUD, WILLIAM S				
STREET ADDRESS	2016 ANGORA DR.				
CITY-ST-ZIP	CHESAPEAKE, VA 23325				
TITLE	D	<input type="checkbox"/> Delete			
NAME	MCCLLOUD, STEPHEN V				
STREET ADDRESS	720 VALLEY STREAM RD				
CITY-ST-ZIP	CHESAPEAKE, VA 23325				
TITLE	D	<input type="checkbox"/> Delete			
NAME	LIPPS, JEFFREY T				
STREET ADDRESS	2827 LAMBERT TRAIL				
CITY-ST-ZIP	CHESAPEAKE, VA 23323				
TITLE	PTD	<input type="checkbox"/> Delete			
NAME	MCCLLOUD, JOHN O JR.				
STREET ADDRESS	550 RAINERO				
CITY-ST-ZIP	LAKE ALFRED, FL 33850				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Director				
STREET ADDRESS	McCloud, Stephen V.				
CITY-ST-ZIP	2509 Prince Charles Dr Chesapeake, VA 23322				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	PTD				
STREET ADDRESS	McCloud, John O. Jr.				
CITY-ST-ZIP	1205 Dewberry Drive Chesapeake, VA 23320				
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 exemptions contained 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 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 2-24-06 257-214-4758 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					