## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N94000004893

CRABTREE, DAVID

30-A TYLER PRENTICE ROAD

WORCESTER, MA 01605

Name:

Address:

City-St-Zip:

FILED Feb 14, 2009 Secretary of State

Entity Name: RIPPY EVANGELISTIC ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 2001 63RD AVENUE NORTH SAINT PETERSBURG, FL 33702 **Current Mailing Address: New Mailing Address:** 2001 63RD AVENUE NORTH SAINT PETERSBURG, FL 33702 FEI Number: 59-3272654 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RUSH ROSS REGISTERED AGENT SERVICES, LLC 1801 NORTH HIGHLAND AVENUE TAMPA, FL 33602 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition RIPPY, ARTHELENE Name: Name: 2001 63RD AVE. NORTH Address: Address: City-St-Zip: ST. PETERSBURG, FL 33702 City-St-Zip: Title: () Delete Title: () Change () Addition COFFMAN, MEREDITH Name: Name: Address: 11845 BRANCH MOORING Address: City-St-Zip: TAMPA, FL 33635 City-St-Zip: Title: () Delete Title: () Change () Addition PRICE, BURDETTE Name: Name: 10483 LONGWOD DRIVE Address: Address: City-St-Zip: LARGO, FL 34647 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: RIPPY, MICHAEL Name: 8507 PLANTATION RIDGE ROAD Address: Address: City-St-Zip: MONTGOMERY, AL City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

CRABTREE, DAVID

BOCA RATON, FL 33496

9370 AEGEAM

SIGNATURE: ARTHELENE RIPPY **PRES** 02/14/2009