


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90011 003 \*\*\*\*61.25

<b>DOCUMENT # N96000005374</b>	
1. Entity Name <b>RIDGE MANOR NEWS, INC.</b>	

Principal Place of Business <b>33277</b> <b>34508 CORTEZ BLVD.</b> <b>RIDGE MANOR FL 33523</b>	Mailing Address <b>33277</b> <b>34508 CORTEZ BLVD.</b> <b>RIDGE MANOR FL 33523</b>
---	---

2. Principal Place of Business		3. Mailing Address <b>33277 CORTEZ BLVD</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>RIDGE MANOR</b>	
City & State		City & State <b>FLORIDA</b>	
Zip	Country	Zip	Country
		<b>33523</b>	<b>HERNANDO</b>



MOORE CR2E037 (11/03)

4. FEI Number <b>59-2865921</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
<b>BRAND, VICTORIA</b> <b>33277 34508 CORTEZ BLVD.</b> <b>RIDGE MANOR FL 33523</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Victoria Brand* *2/11/04*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
--	---	---------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HALL, MELVIN</b> <b>5125 WESTLAKE BLVD.</b> <b>RIDGE MANOR FL 33523</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MILLER, PAULINE</b> <b>5067 LAKEWOOD DR</b> <b>RIDGE MANOR FL 33523</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ROBERT BOYD</b> <b>34405 ORCHID PKWY.</b> <b>RIDGE MANOR, FL 33523</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MILLER, PAULINE</b> <b>5067 LAKEWOOD DR.</b> <b>RIDGE MANOR FL 33523</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CHRISTOPHER, HOWARD</b> <b>34631 ORCHID PKWY</b> <b>RIDGE MANOR FL 33523</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIR.</b> <b>CAROL DIFILIPPO</b> <b>33431 ORCHID PKWY</b> <b>RIDGE MANOR, FL 33523</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WALTERS, CLAIRE</b> <b>34383 WHISPERING OAKS BLVD</b> <b>RIDGE MANOR FL 33523</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIR.</b> <b>MECEDES SLUGART</b> <b>6096 FAIRWAY DR</b> <b>RIDGE MANOR, FL 33523</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HALL, MELVIN</b> <b>5125 WESTLAKE BLVD</b> <b>RIDGE MANOR FL 33523</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Victoria Brand* *VICTORIA BRAND* *2/11/04* *(352) 583-4553*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #