



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90024 050 ****61.25

DOCUMENT # N97000000857					
1. Entity Name RIDGE COMPUTER USERS, INC.					
Principal Place of Business 1580 BOUGAINVILLE WAY BARTOW, FL 33830 US			Mailing Address 1580 BOUGAINVILLE WAY BARTOW, FL 33830 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062006 Chg-NP CR2E037 (11/05)	
City & State		City & State		4. FEI Number 59-3444593	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HAIN, BETTY 1580 BOUGAINVILLE WAY BARTOW, FL 33830				Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME CROFT, SUE STREET ADDRESS 231 STANLEY AVE CITY-ST-ZIP FROSTPROOF, FL 338439124	<input checked="" type="checkbox"/> Delete				
TITLE PD NAME BEDNARZ, MAXINE STREET ADDRESS 1805 TOWER LAKES BLVD. CITY-ST-ZIP LAKE WALES, FL 33859	<input type="checkbox"/> Delete				
TITLE TD NAME ANGEL, MARY STREET ADDRESS 315 BOB WHITE CT CITY-ST-ZIP LAKE WALES, FL 338594826	<input type="checkbox"/> Delete				
TITLE SD NAME HAIN, BETTY STREET ADDRESS 1580 BOUGAINVILLE WAY CITY-ST-ZIP BARTOW, FL 33830	<input type="checkbox"/> Delete				
TITLE D NAME ABBOTT, BETTY STREET ADDRESS 173 SWEET CT CITY-ST-ZIP WINTER HAVEN, FL 338843047	<input type="checkbox"/> Delete				
TITLE VD NAME ANGEL, LEN STREET ADDRESS 315 BOB WHITE CT CITY-ST-ZIP LAKE WALES, FL 338594826	<input type="checkbox"/> Delete				
TITLE D NAME Broseghini, JOHN STREET ADDRESS 152 Paradise Dr. CITY-ST-ZIP Davenport, FL 33837-9598	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE D NAME HARBOURNE, Jim STREET ADDRESS 2201 Heron Dr. CITY-ST-ZIP Lake Wales, FL 33859	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE D NAME Foy, George STREET ADDRESS 9102 Village Dr. CITY-ST-ZIP Lake Wales, FL 33898	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE D NAME Stein, Robert STREET ADDRESS 6605 Scenic Point Dr. CITY-ST-ZIP Winter Haven, FL 33884	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
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: <u>Betty Hain</u> 1/14/06 863-533-2307 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					