


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90172 015 ****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 - No P.O. Box # 315 BOB WHITE CT		3. Mailing Address 315 BOB WHITE CT			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LAKE WALES, FL		City & State LAKE WALES, FL		4. FEI Number 59-3444593	
Zip 33859-4826		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAIN, BETTY 1580 BOUGAINVILLE WAY BARTOW, FL 33830			7. Name and Address of New Registered Agent Name MARY J ANGEL Street Address (P.O. Box Number is Not Acceptable) 315 BOB WHITE CT City LAKE WALES FL Zip Code 33859-4826		
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 <i>Mary Angel, Treasurer</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>			<i>Mary Angel - Treasurer</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2007			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 NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete BROSEGHINI, JOHN 152 PARADISE DR DAVENPORT, FL 338379590				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete BEDNARZ, MAXINE 1805 TOWER LAKES BLVD. LAKE WALES, FL 33859				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete ANGEL, MARY 315 BOB WHITE CT LAKE WALES, FL 338594826				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete HAIN, BETTY 1580 BOUGAINVILLE WAY BARTOW, FL 33830				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ABBOTT, BETTY 173 SWEET CT WINTER HAVEN, FL 338843047				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete ANGEL, LEN 315 BOB WHITE CT LAKE WALES, FL 338594826				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD-HARBORNE, JIM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2201 HERON DR LAKEWALES, FL 33859				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BEDNARZ, MAXINE 1805 TOWER LAKES BLVD LAKE WALES, FL 33859				
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				
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: <i>Mary Angel, Treasurer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04/16/2007 863-676-4107 <small>Date Daytime Phone #</small>		