


**FILED**  
**Jul 26, 1999 8:00 am**  
**Secretary of State**

07-26-1999 90013 026 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N98000000233** ✓  
 1. Corporation Name  
**GREATER RIDGECREST AREA BOARD OF DIRECTORS, INC.**

Principal Place of Business 11980 133RD AVE. UNIT #1 LARGO FL 33778	Mailing Address 11980 133RD AVE. UNIT #1 LARGO FL 33778
--	--



2. Principal Place of Business 21	2a. Mailing Address 28 <i>13417 Adams Circle</i>	3. Date Incorporated or Qualified 01/12/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 <i>B</i>	4. FEI Number 59-3510234
City & State 23	City & State 28 <i>Largo, FL</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29 <i>33774</i>	Country 30	

9. Name and Address of Current Registered Agent  GREEN, MARVIN 1569 OAK STREET LARGO FL 33778	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
---	---

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE		Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	Chairman	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Edward Hobson		
STREET ADDRESS		1.3 STREET ADDRESS	11621 129th Ave. North		
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Largo, FL 33778		
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Assistant Chairman	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Lillie McGarran		
STREET ADDRESS		2.3 STREET ADDRESS	12637 120th St. North		
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Largo, FL 33778		
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Treasurer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Betty James		
STREET ADDRESS		3.3 STREET ADDRESS	11642 128th Ave. North		
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Largo, FL 33778		
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Assistant Treasurer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Helen Monroe		
STREET ADDRESS		4.3 STREET ADDRESS	2312 22nd Ave. SW		
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Largo, FL 33778		
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Mary McLendon		
STREET ADDRESS		5.3 STREET ADDRESS	1705 Taylor Lake Place		
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Largo, FL 33774		
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other filed empowered.

**SIGNATURE:** *[Signature]* **SIGNATURE REQUIRED** 7/26/99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/99)