


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

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

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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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	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	2b. 13417 Adams Circle	01/12/1998
22 City & State	27. B	4. FEI Number
23 Zip	28. Largo, FL	59-3510234
24 Country	29. 33774	30. Country
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

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

FL

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 reappointing)

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 D
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Assistant Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Lillie McGarrath
STREET ADDRESS		2.3 STREET ADDRESS	13637 120th St. North
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Largo, FL 33778 T
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 T
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 T
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Mary McPendon
STREET ADDRESS		5.3 STREET ADDRESS	1705 Taylor Lake Place
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Largo, FL 33774 T
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
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)(i), 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 REQUIRED

7/26/99

Daytime Phone #

CR2E037 (5/99)