FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State

APPROVED AND FILED

MAY 1 1995

FLORIDA

DOCUMENT # **729783** **(1)**

1 Corporate Name

RIDGE AREA ASSOCIATION FOR RETARDED CITIZENS, INC.

Principal Place of Business	Mailing Address
120 E. COLLEGE DR. AVON PARK FL 33825-9599	120 E. COLLEGE DR AVON PARK FL 33825-9599

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/16/1974**

3a. Date of Last Report: **04/22/1994**

4. FEI Number: **59-0829984** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) County (25) | Zip (29) County (30)

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required

8. This corporation has authority to indemnify as under § 196.081, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

COWAN, KATHLEEN S
120 E. COLLEGE DR.
AVON PARK FL 33825

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE

(If changing registered office address, registered agent must sign. If changing registered agent, new registered agent must sign.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
10 TITLE	1VPD	11 TITLE		☐ Change ☒ Addition
11 NAME	HOWERTON, CLAUDE	12 NAME		
12 STREET ADDRESS	3317 LAKEVIEW DR	13 STREET ADDRESS		
13 CITY ST ZIP	SEBRING FL	14 CITY ST ZIP		33870
20 TITLE	PD	21 TITLE	Director	☒ Change ☐ Addition
21 NAME	CALDWELL, ENNIS	22 NAME		
22 STREET ADDRESS	PO BOX 301/NA	23 STREET ADDRESS	5445 Diamond Dr.	
23 CITY ST ZIP	SEBRING FL	24 CITY ST ZIP		33872
30 TITLE	2VPD	31 TITLE	President	☐ Change ☒ Addition
31 NAME	ELDRED, MARILYN	32 NAME		
32 STREET ADDRESS	2749 E. CYPRESSWOOD DR.	33 STREET ADDRESS		
33 CITY ST ZIP	AVON PARK FL	34 CITY ST ZIP		33825
40 TITLE	TD	41 TITLE		☐ Change ☐ Addition
41 NAME	DIONNE, ED	42 NAME		
42 STREET ADDRESS	501 N. MAIN ST.	43 STREET ADDRESS		
43 CITY ST ZIP	LAKE PLACID FL	44 CITY ST ZIP		33852
50 TITLE	SD	51 TITLE		☐ Change ☒ Addition
51 NAME	HUBBELL, VIRGINIA J.	52 NAME		
52 STREET ADDRESS	1422 CRESCENT DR.	53 STREET ADDRESS		
53 CITY ST ZIP	SEBRING FL	54 CITY ST ZIP		33870
60 TITLE	D	61 TITLE	Ex. Director	☒ Change ☐ Addition
61 NAME	PARR, JACK	62 NAME	Kathleen Cowan	
62 STREET ADDRESS	235 6TH ST., N.W., #105	63 STREET ADDRESS	120 E. College Dr.	
63 CITY ST ZIP	WINTER HAVEN FL 33881	64 CITY ST ZIP	Avon Park, FL 33825	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Kathleen Cowan — Executive Director — 4-13-95

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Title — Date

Kathleen Cowan — 813-452-1295

Typed or Printed Name of Individual — Daytime Telephone Number

0067601