FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729783 (1)

1. Corporation Name

RIDGE AREA ASSOCIATION FOR RETARDED CITIZENS, IN C.

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

3. Date Incorporated or Qualified: 05/16/1974
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

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

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

8. This corporation has liability for intangible tax under s. 199.032, 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: Desi L. Lee
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 X Desi L. Lee, Executive Director 3/11/96
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	1VPD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HOWERTON, CLAUDE		1.2 NAME		
STREET ADDRESS	3317 LAKEVIEW DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CALDWELL, ENNIS		2.2 NAME		
STREET ADDRESS	5445 DIAMOND DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL		2.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ELDRED, MARILYN		3.2 NAME		
STREET ADDRESS	2749 E. CYPRESSWOOD DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	AVON PARK FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DIONNE, ED		4.2 NAME		
STREET ADDRESS	501 N. MAIN ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID FL		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HUBBELL, VIRGINIA J.		5.2 NAME		
STREET ADDRESS	1422 CRESCENT DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL		5.4 CITY-ST-ZIP		
TITLE	ED	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	~~COWAN, KATHLEEN~~		6.2 NAME	Desi L. Lee	
STREET ADDRESS	120 E COLLEGE DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	AVON PARK FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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: X Desi L. Lee, Executive Director 3/11/96 941-452-1295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #