


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				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, INC.					
Principal Place of Business 120 E. COLLEGE DR. AVON PARK FL 33825-9599			Mailing Address 120 E. COLLEGE DR. AVON PARK FL 33825-9599		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/16/1974 3a. Date of Last Report 05/01/1996 4. FEI Number 59-0829984 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent DESI L. LEE 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 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 <i>Desi L. Lee</i> Desi L. Lee, Executive Director 4/9/97 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	1VPD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DESI L. LEE		6.2 NAME		
STREET ADDRESS	120 E COLLEGE DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	AVON PARK FL		6.4 CITY-ST-ZIP		



CR2E037 (9/96)

14. I do 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.