FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 1:14

DOCUMENT # 140838 (4)

1. Corporation Name
RIVERVIEW WELFARE ASSOCIATION INC.

Principal Place of Business	Mailing Address
3650 EAST 93RD STREET CLEVELAND OH 44105	3650 EAST 93RD STREET CLEVELAND OH 44105

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/21/1941
3a. Date of Last Report: 03/21/1994

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) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-6070424 ☐ 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

JAMES LEITCH
9131 BUTTERCUP COURT
FORT MYERS FL 33919

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: James Leitch President Treasurer 3/20/95
Signature, type 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	V	1.1 TITLE	☐ Change ☐ Addition
NAME	MARTIN DANIEL	1.2 NAME	
STREET ADDRESS	3650 E. 93RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☒ Change ☐ Addition
NAME	MCMANAMON, THOMAS H	2.2 NAME	
STREET ADDRESS	3650 EAST 93RD	2.3 STREET ADDRESS	Delete - deceased
CITY-ST-ZIP	CLEVELAND OH	2.4 CITY-ST-ZIP	
TITLE	PT	3.1 TITLE	☐ Change ☐ Addition
NAME	LEITCH, JAMES	3.2 NAME	
STREET ADDRESS	9131 BUTHECUP CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	LEITCH, F JANE	4.2 NAME	
STREET ADDRESS	34116 CHAGRIN BLVD,#104	4.3 STREET ADDRESS	
CITY-ST-ZIP	MORELAND, HILLS, OH	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	SUTPHIN, MARY E	5.2 NAME	
STREET ADDRESS	MAYFIELD	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	STONEY, ALBERTA	6.2 NAME	
STREET ADDRESS	3650 E. 93RD STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	6.4 CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James Leitch 3/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0466458 FP