FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **07/21/1941**

3a. Date of Last Report: **03/24/1995**

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

change of address

10. Name and Address of New Registered Agent

81 Name: James Leitch

82 Street Address (P.O. Box Number is Not Acceptable): 14661 Lake Olive Dr.

83

84 City: Ft. Myers **FL** 85 Zip Code: 33919

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 S. Leitch — 4/26/96
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	V	☑ DELETE	1.1 TITLE	D	☐ Change ☑ Addition
NAME	~~MARTIN DANIEL~~		1.2 NAME	CAL SUTPHIN	
STREET ADDRESS	~~3650 E. 93RD~~		1.3 STREET ADDRESS	3650 E. 93rd Street	
CITY-ST-ZIP	~~CLEVELAND OH~~		1.4 CITY-ST-ZIP	Cleveland Ohio 44105	
TITLE	PT	☐ DELETE	2.1 TITLE	S	☐ Change ☑ Addition
NAME	LEITCH, JAMES		2.2 NAME	Carolyn Leitch	
STREET ADDRESS	9131 BUTHECUP CT		2.3 STREET ADDRESS	16103 Lake Ave.	
CITY-ST-ZIP	FORT MYERS FL		2.4 CITY-ST-ZIP	Lakewood, Ohio 44107	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LEITCH, F JANE		3.2 NAME		
STREET ADDRESS	34116 CHAGRIN BLVD,#104		3.3 STREET ADDRESS		
CITY-ST-ZIP	MORELAND, HILLS, OH		3.4 CITY-ST-ZIP		
TITLE	S	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	~~SUTPHIN, MARY E~~		4.2 NAME		
STREET ADDRESS	~~MAYFIELD~~		4.3 STREET ADDRESS		
CITY-ST-ZIP	~~CLEVELAND OH~~		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	STONEY, ALBERTA		5.2 NAME		
STREET ADDRESS	3650 E. 93RD STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEVELAND OH		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CAL SUTPHIN		6.2 NAME		
STREET ADDRESS	3650 E. 93rd Street		6.3 STREET ADDRESS		
CITY-ST-ZIP	Cleveland Ohio 44105		6.4 CITY-ST-ZIP		

CR2E034 (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 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 S. Leitch James S. Leitch 4/26/96 216 271-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #