

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

3650 EAST 93RD STREET
CLEVELAND OH 44105

Mailing Address

3650 EAST 93RD STREET
CLEVELAND OH 44105-1620

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

07/21/1941

3a. Date of Last Report

05/01/1996

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
14661 LAKE OLIVE DR
FORT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name Robert A. Leitch Jr.
82 Street Address (P.O. Box Number is Not Acceptable)
14661 Lake Olive Dr.
83
84 City Fort Myers FL 85 Zip Code 33919

11. Pursuant to the provisions of Sections 607.0507 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

1/27/97

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	SUTPHIN, CAL	
STREET ADDRESS	3650 E. 93RD STREET	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	PT	DELETE
NAME	LEITCH, JAMES	
STREET ADDRESS	1131 BUTHECUP CT	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	D	DELETE
NAME	LEITCH, F JANE	
STREET ADDRESS	34116 CHAGRIN BLVD, #104	
CITY-ST-ZIP	MORELAND, HILLS, OH	
TITLE	S	DELETE
NAME	LEITCH, CAROLYN	
STREET ADDRESS	18103 LAKE AVE	
CITY-ST-ZIP	LAKEWOOD OH	
TITLE	D	DELETE
NAME	STONE, ALBERTA	
STREET ADDRESS	3650 E. 93RD STREET	
CITY-ST-ZIP	CLEVELAND OH	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PT
2.3 STREET ADDRESS	LEITCH, JAMES
2.4 CITY-ST-ZIP	3650 E. 93rd Street
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

SIGNATURE:

[Signature]

1/22/97 216 271-2300

CR2E034 (9/96)