

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # 140838

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6070424

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEITCH, ROBERT A JR
14661 LAKE OLIVE DR
FORT MYERS FL 33919

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. 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 3650 E 93 ST
CITY-ST-ZIP CLEVELAND OH

TITLE D ☐ Delete
NAME LEITCH, F JANE
STREET ADDRESS 34116 CHAGRIN BLVD, #104
CITY-ST-ZIP MORELAND, HILLS, OH

TITLE S ☐ Delete
NAME LEITCH, DAN
STREET ADDRESS 1725 SPERRY FORGE TR.
CITY-ST-ZIP WESTLAKE OH 44145

TITLE D ☐ Delete
NAME STONEY, ALBERTA
STREET ADDRESS 3650 E. 93RD STREET
CITY-ST-ZIP CLEVELAND OH

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U00000079882
CITY-ST-ZIP 03/08/04-80087-008 150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James S. Leitch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES S. LEITCH

3/1/04

Date

Daytime Phone #

216
271-2300