

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 19, 2005 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



01122005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-6070424	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 re-registering)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUTPHIN, CAL 3650 E. 93RD STREET CLEVELAND, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LEITCH, JAMES 3650 E 93 ST CLEVELAND, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEITCH, F JANE 34116 CHAGRIN BLVD, #104 MORELAND, HILLS, OH,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEITCH, DAN 1725 SPERRY FORGE TR. WESTLAKE, OH 44145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STONE, ALBERTA 3650 E. 93RD STREET CLEVELAND, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000235530  
02/19/05-80008-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/05 216-271-2300

Date

Daytime Phone #