

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 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



02152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

11000000441391
03/03/06-80034-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

2/16/06
Date

216 -
271-2300
Daytime Phone #