


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # 140838 1. Entity Name RIVERVIEW WELFARE ASSOCIATION INC.	
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Principal Place of Business 3650 EAST 93RD STREET CLEVELAND, OH 44105	Mailing Address 3650 EAST 93RD STREET CLEVELAND, OH 44105
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DO NOT WRITE IN THIS SPACE



02062007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-6070424	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000629090 02/16/07-80043-010 150.00
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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	

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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 A. Leitch JAMES S. LEITCH 2/6/07 271-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #