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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 FEB -6 PM 12:16

DOCUMENT # **704782** **(2)**

1. Corporation Name

**THE KIWANIS CLUB OF RIDGE MANOR, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| % ROY C. PATEMAN<br>5175AZALEA CIRCLE<br>RIDGE MANOR FL 33525 | % ROY C. PATEMAN<br>5175AZALEA CIRCLE<br>RIDGE MANOR FL 33525 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/07/1962
3a. Date of Last Report: 01/31/1994
4. FEI Number: 70-4782610 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

9. Name and Address of Current Registered Agent

PATEMAN, ROY C.
5175 AZALEA CIRCLE
RIDGE MANOR FL 33525

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | P | 1.1 TITLE | P ☑ Change ☐ Addition |
| NAME | DITTMAR, CHRISTIAN R | 1.2 NAME | ANDREA HALL |
| STREET ADDRESS | 6183 FAIRWAY DR. | 1.3 STREET ADDRESS | 34162 OAK HAMMOCK DR |
| CITY-ST-ZIP | RIDGE MANOR FL | 1.4 CITY-ST-ZIP | RIDGE MANOR FL 33525 |
| TITLE | PP | 2.1 TITLE | PP ☑ Change ☐ Addition |
| NAME | GETTING, MARY | 2.2 NAME | CHRISTIAN F. DITTMAR |
| STREET ADDRESS | 34379 SOUTHRIDGE DR. | 2.3 STREET ADDRESS | 6183 FAIRWAY DRIVE |
| CITY-ST-ZIP | RIDGE MANOR FL | 2.4 CITY-ST-ZIP | RIDGE MANOR FL 33525 |
| TITLE | ST | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | PATEMAN, ROY C | 3.2 NAME | |
| STREET ADDRESS | 5175 AZALEA CIRCLE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | RIDGE MANOR FL | 3.4 CITY-ST-ZIP | |
| TITLE | VP | 4.1 TITLE | VP ☑ Change ☐ Addition |
| NAME | HALL, ANDREA | 4.2 NAME | DENIS WHITACRE |
| STREET ADDRESS | 34162 OAK HAMMOCK DR. | 4.3 STREET ADDRESS | 33277 CORTEZ BLVD |
| CITY-ST-ZIP | RIDGE MANOR FL | 4.4 CITY-ST-ZIP | RIDGE MANOR FL 33525 |
| TITLE | D | 5.1 TITLE | D ☑ Change ☐ Addition |
| NAME | WHITACRE, DENIS | 5.2 NAME | TERRI WEEKS |
| STREET ADDRESS | 33277 CORTEZ BLVD. | 5.3 STREET ADDRESS | 34704 DOGWOOD DR |
| CITY-ST-ZIP | RIDGE MANOR FL | 5.4 CITY-ST-ZIP | RIDGE MANOR FL 33521 |
| TITLE | D | 6.1 TITLE | D ☑ Change ☐ Addition |
| NAME | PROULY, LEONARD | 6.2 NAME | GILBERT RAY |
| STREET ADDRESS | 34090 MAJOR DADE DR. | 6.3 STREET ADDRESS | 34995 FRASER ST. |
| CITY-ST-ZIP | RIDGE MANOR FL | 6.4 CITY-ST-ZIP | DADE CITY FL 33525 |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Andrea D Hall 1/26/95 904-583-3581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0059187