

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **704782** (2)

1. Corporation Name

THE KWANIS CLUB OF RIDGE MANOR, INC.



Principal Place of Business

Mailing Address

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

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

3. Date incorporated or Qualified
11/07/1962

3a. Date of Last Report
02/06/1995

2. Principal Place of Business
21 **34244 Cortez Blvd.**

2a. Mailing Address
26 **34244 Cortez Blvd.**

4. FEI Number
70-4782610

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 City & State
Ridge Manor, Florida

28 City & State
Ridge Manor Florida

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip
33525

25 Country

29 Zip
33525

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name **Timothy M. HAY**

82 Street Address (P.O. Box Number is Not Acceptable)
4931 Flamingo Ln

83 **Ridge Manor, Florida 33525**

84 City

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Timothy M. Hay** **Timothy M. HAY - SECRETARY**

January 25, 1996

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95

TITLE ☒ DELETE
NAME **P HALL, ANDREA**
STREET ADDRESS **34162 OAK HAMMOCK DR**
CITY-ST-ZIP **RIDGE MANOR FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **P Dittmar, Christian F**
1.3 STREET ADDRESS **6183 Fairway Dr.**
1.4 CITY-ST-ZIP **Ridge Manor, FL**

TITLE ☒ DELETE
NAME **DP DITTMAR, CHRISTIAN F**
STREET ADDRESS **6183 FAIRWAY DRIVE**
CITY-ST-ZIP **RIDGE MANOR FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **VP Weeks, Terri**
2.3 STREET ADDRESS **34704 Dogwood Dr**
2.4 CITY-ST-ZIP **Ridge Manor, FL**

TITLE ☒ DELETE
NAME **ST PATEMAN, ROY C**
STREET ADDRESS **5175 AZALEA CIRCLE**
CITY-ST-ZIP **RIDGE MANOR FL**

3.1 TITLE ☒ Change ☒ Addition
3.2 NAME **S Timothy MAY**
3.3 STREET ADDRESS **4931 Flamingo Ln**
3.4 CITY-ST-ZIP **Ridge Manor, FL**

TITLE ☒ DELETE
NAME **VP WHITACRE, DENIS**
STREET ADDRESS **33277 CORTEZ BLVD**
CITY-ST-ZIP **RIDGE MANOR FL**

4.1 TITLE ☒ Change ☒ Addition
4.2 NAME **T Debra A. Cummings**
4.3 STREET ADDRESS **6143 Fairway Dr.**
4.4 CITY-ST-ZIP **Ridge Manor, FL 33525**

TITLE ☒ DELETE
NAME **D WEEKS, TERRI**
STREET ADDRESS **34704 DOGWOOD DR**
CITY-ST-ZIP **RIDGE MANOR FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME **200001873112**
5.3 STREET ADDRESS **-06/24/96--01032--022**
5.4 CITY-ST-ZIP *****61.25**

TITLE ☒ DELETE
NAME **D RAY, GILBERT**
STREET ADDRESS **34995 FRASER ST**
CITY-ST-ZIP **DADE CITY FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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: **Timothy M. Hay** **Timothy M. HAY - Secretary**

January 25, 1996 (352) **583-3770**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (12/95)