

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **704782** (2)

1. Corporation Name

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



Principal Place of Business <b>34244 CORTEZ BLVD RIDGE MANOR FL 33525</b>	Mailing Address <b>34244 CORTEZ BLVD RIDGE MANOR FL 33523-8974</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country		3. Date Incorporated or Qualified <b>11/07/1962</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>70-4782610</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. <b>\$5.00 May Be Added to Fees</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MAY, TIMOTHY M 4931 FLAMINGO LN RIDGE MANOR FL 33525</b>				10. Name and Address of New Registered Agent <b>81 Name LORRAINE H. WHEELAN 82 Street Address (P.O. Box Number is Not Acceptable) 6047 SUNDOWN DR. 83 RIDGE MANOR, 84 City RIDGE MANOR FL 85 Zip Code 33523</b>			
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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 *Lorraine H. Wheelan* **Lorraine H. Wheelan** 2-17-97  
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DITTMAR, CHRISTIAN F		1.2 NAME	Dittmar, Christian F.			
STREET ADDRESS	6183 FAIRWAY DR		1.3 STREET ADDRESS	6183 Fairway Dr.			
CITY-ST-ZIP	RIDGE MANOR FL		1.4 CITY-ST-ZIP	Ridge Manor, FL. 33523			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WEEKS, TERRI		2.2 NAME	Weeks, Terri			
STREET ADDRESS	34704 DOGWOOD DR		2.3 STREET ADDRESS	33277 Cortez Blvd.,			
CITY-ST-ZIP	RIDGE MANOR FL		2.4 CITY-ST-ZIP	Ridge Manor, FL. 33523			
TITLE	SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Hepfer, Lyle D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MAY, TIMOTHY		3.2 NAME	5012 Mockingbird Dr.			
STREET ADDRESS	4931 FLAMINGO LANE		3.3 STREET ADDRESS	Ridge Manor, FL. 33523			
CITY-ST-ZIP	RIDGE MANOR FL		3.4 CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CUMMINGS, DEBRA		4.2 NAME	Proulx, Leonard			
STREET ADDRESS	6143 FAIRWAY DR		4.3 STREET ADDRESS	34982 Romar St.			
CITY-ST-ZIP	RIDGE MANOR FL 33525		4.4 CITY-ST-ZIP	Ridge Manor, FL. 33523			
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	Wheelan, Lorraine H.		5.2 NAME	Gettig, Mary			
STREET ADDRESS	6047 Sundown Rd.		5.3 STREET ADDRESS	6016 Fairway Dr.			
CITY-ST-ZIP	Ridge Manor, FL. 3352		5.4 CITY-ST-ZIP	Ridge Manor, FL. 33523			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			6.2 NAME	Hall, Andrea			
STREET ADDRESS			6.3 STREET ADDRESS	34162 Oak Hammock Dr.			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Ridge Manor, FL. 33523			

14. I do 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 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 *Terri Weeks* **Terri Weeks** 2-17-97 (352) 582-4888

CR2E037 (9/96)