## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 704782**

1. Corporation Name

THE KIWANIS CLUB OF RIDGE MANOR, INC.

Principal Place of Busines
34244 CORTEZ BLVD RIDGE MANOR FL 33523 US

2. Principal Place of Business

Mailing Address

34244 CORTEZ BLVD RIDGE MANOR FL 33523

2a. Mailing Address

US

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# **FILED** Mar 09, 1999 8:00 am § Secretary of State

03-09-1999 90098 032 \*\*\*\*61.25

3. Date Incorporated or Qualifed

11/07/1962

Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. PELINUMBER	Applied 1 of	
22		27		70-4782610	Not Applicable	
City & State	9	City & State		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5,00 May Be	
24	25	29 30	1	Trust Fund Contribution	Added to Fees	
24)	9. Name and Address of Current I	LTX1	<u> </u>	10. Name and Address of New Register	ed Agent	
·,	- Italiio dito Addido di Galiani		81 Name	<u> </u>		
10.00				ebra H. Cumming	<u> </u>	
WHEELAN, LORRIANE H			82 Street Address (P.O. Box Number is Not Acceptable)			
6047 SUNDOWN DR.			83			
RIDGE MANOR FL 33523						
			84 City R	dee MANOC F		
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 Signature, typed or printed name of registered agent and title if appricable. (NOTE: Registered Agent signature required when reinstating)						
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE	SD	DELETE	1.1 TITLE	)	☐ Change Addition	
NAME	DITTMAR, CHRISTIAN F		1.2 NAME	Catherine Sickler		
STREET ADDRESS	6183 FAIRWAY DR.		1.3 STREET ADDRESS	6026 Idle- A-Whiley	CR.	
CITY-ST-ZIP	RIDGE MANOR FL 33523		1,4 CITY-ST-ZIP	Ridge MANOC FL 3	332 <i>3</i>	
TITLE	PD	☐ DELETE	la4 mm c   T	<u> </u>	Change	
NAME	BAKER, JANET			JANET BAKER		
STREET ADDRESS	5341 TOWER ST		2.3 STREET ADDRESS 5	341 Tower St		
CITY-ST-ZIP	RIDGE MANOR FL 33523		2.4 CITY-ST-ZIP	idge MAñor FC 33	523	
TITLE	D	DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME	ARNOLD, MACK		3.2 NAME			
STREET ADDRESS	5027 CARDINAL DR		3.3 STREET ADDRESS		Ì	
CITY-ST-ZIP	RIDGE MANOR FL 33523		3.4. CITY+ST+ZIP			
TITLE	D	DELETE	4.1 TITLE -7		Change	
NAME	CUMMINGS, DEBRA		4.2 NAME	Debra Cummings	, -	
STREET ADDRESS	6143 FAIRWAY DR		4.3 STREET ADDRESS	6143 FAIRWAY DR	•	
CITY-ST-ZIP	RIDGE MANOR FL 33523		4.4 CITY-ST-ZIP	Ridge MANOC FL	33523	
TITLE	VPD	DELETE	5.1 TITLE	DQ . 1.1. + 0.000	Change	
NAME	WHITACRE, DENIS		5.2 NAME	Denis Whithere		
STREET ADDRESS	P O BOX 642 N/A		5.3 STREET ADDRESS	PO BOX 691		
CITY-ST-ZIP	LACOOCHEE FL 33537	,	5.4 CITY-ST-ZIP	Acoochee, FL 33-	537	
TITLE	D	DELETE	6.1 TITLE C	3 D	Change Addition	
NAME	GETTIG, MARY		6.2 NAME	الماسا مصالم	~ '	
STREET ADDRESS			6.3 STREET ADDRESS	34162 DAK HAMMO	CKDR	
CITY OF THE	INVEDNESS EL 24450		6.4 CITY-ST-ZIP	Pidee MARK FC 33	352 Z	

14. I 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 oth; 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, with all other like empowered.

SIGNATURE:

19/99 352 583-2865