

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 705637 (7)
1. Corporation Name
THE COMMUNITY CENTER OF RIDGE MANOR, INC.



Principal Place of Business: **34240 CORTEZ BLVD. RIDGE MANOR FL 33525**
Mailing Address: **34240 CORTEZ BLVD. RIDGE MANOR FL 33525**

3. Date Incorporated or Qualified: **05/21/1963**
3a. Date of Last Report: **03/08/1995**
4. FEI Number: **59-2340835**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
City & State: **27**
City & State: **28**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**HEPFER, LYLE D.
5012 MOCKINGBIRD DR
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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	MILLER, PAULINE
STREET ADDRESS	5067 LAKEWOOD DRIVE
CITY-ST-ZIP	RIDGE MANOR FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	MILLER, WILLIAM W
STREET ADDRESS	5067 LAKE WOOD DR
CITY-ST-ZIP	RIDGE MANOR FL
TITLE	S <input type="checkbox"/> DELETE
NAME	FITZWATER, GALE
STREET ADDRESS	35139 WHISPERING OAKS BL
CITY-ST-ZIP	RIDGE MANOR FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	HEPFER, LYLE D.
STREET ADDRESS	5012 MOCKINGBIRD DR
CITY-ST-ZIP	RIDGE MANOR FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BUCKINGHAM, RICHARD M.
STREET ADDRESS	33449 OHIO AVENUE
CITY-ST-ZIP	RIDGE MANOR FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	SANDERS, LEONARD
STREET ADDRESS	5583 FAIRWAY DR.
CITY-ST-ZIP	RIDGE MANOR FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Lyle D. Heffer* **4/17/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)