

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

**FILED**  
**Feb 25 1997 8:00am**  
**Secretary of State**

**NONPROFIT CORPORATION ANNUAL REPORT 1997**



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 33523-8974**

3. Date Incorporated or Qualified: **05/21/1963**      3a. Date of Last Report: **04/05/1996**  
 4. FEI Number: **59-2340835**      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**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country  
 2a. Mailing Address: **26** Suite, Apt. #, etc. **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

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

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	<b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>John J. Shoppa</b>
2.3 STREET ADDRESS	<b>35052 Smoke Tree Ln</b>
2.4 CITY-ST-ZIP	<b>Ridge Manor, Fl. 33523</b>
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 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, on an attachment with an address.

SIGNATURE: *Lyle D. Hepfer* **Lyle D. Hepfer, Treasurer** (352) 583-4610

CR2E037 (9/96)