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**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

Mailing Address

**34240 CORTEZ BLVD.
RIDGE MANOR FL 33525**

**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 <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HEPFER, LYLE D.
5012 MOCKINGBIRD DR
RIDGE MANOR FL 33525**

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	D <input type="checkbox"/> DELETE
NAME	MILLER, PAULINE
STREET ADDRESS	5067 LAKEWOOD DRIVE
CITY-ST-ZIP	RIDGE MANOR FL
TITLE	PD <input checked="" 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	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	John J. Shoppa
2.3 STREET ADDRESS	35052 Smoke Tree Ln
2.4 CITY-ST-ZIP	Ridge Manor, Fl. 33523
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, or on an attachment with an address.

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

CR2E037 (9/96)