

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90057 007 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 705637**

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
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2. Principal Place of Business 21 Sulte, Apt. #, etc.	2a. Mailing Address 26 Sulte, Apt. #, etc.	3. Date Incorporated or Qualified 05/21/1963
22 City & State	27 City & State	4. FEI Number 59-2340835
23 Zip Country	28 Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip Country	29 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent HEPPER, LYLE D. 5012 MOCKINGBIRD DR RIDGE MANOR FL 33525	10. Name and Address of New Registered Agent 81 Name <b>BRUCE G. FISHER</b> 82 Street Address (P.O. Box Number Is Not Acceptable) 83 <b>35117 WHISPERING OAKS</b> 84 City <b>RIDGE MANOR FL</b> 85 Zip Code <b>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 Bruce G. Fisher (NOTE: Registered Agent signature required when reissuing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME MILLER, PAULINE STREET ADDRESS 5067 LAKEWOOD DRIVE CITY-ST-ZIP RIDGE MANOR FL	<input type="checkbox"/> DELETE	1.1 TITLE PD 1.2 NAME Miller, Pauline 1.3 STREET ADDRESS 5067 Lakewood Dr., Ridge Manor, Fl. 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME SHOPPA, JOHN J. STREET ADDRESS 35052 SMOKE TREE LN CITY-ST-ZIP RIDGE MANOR FL	<input type="checkbox"/> DELETE	2.1 TITLE D 2.2 NAME Shoppa, John J. 2.3 STREET ADDRESS 35052 Smoke Tree Ln 2.4 CITY-ST-ZIP Ridge Manor, Fl.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DS NAME CUMMINGS, BONNIE STREET ADDRESS 35046 SMOKE TREE LANE CITY-ST-ZIP RIDGE MANOR FL 33523	<input type="checkbox"/> DELETE	3.1 TITLE VPD 3.2 NAME Boyd, Robert 3.3 STREET ADDRESS 34405 Orchid Pkwy., Ridge Manor, Fl. 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME HEPPER, LYLE D. STREET ADDRESS 5012 MOCKINGBIRD DR CITY-ST-ZIP RIDGE MANOR FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE TD 4.2 NAME Fisher, Bruce 4.3 STREET ADDRESS 35117 Whispering Oaks Blvd., Ridge Manor Fl 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME BUCKINGHAM, RICHARD M. STREET ADDRESS 33449 OHIO AVENUE CITY-ST-ZIP RIDGE MANOR FL	<input type="checkbox"/> DELETE	5.1 TITLE D 5.2 NAME Hazelton, William 5.3 STREET ADDRESS 34705 Orchid Pkwy., 5.4 CITY-ST-ZIP Ridge Manor, Fl.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PD NAME SANDERS, LEONARD STREET ADDRESS 5583 FAIRWAY DR. CITY-ST-ZIP RIDGE MANOR FL	<input checked="" type="checkbox"/> DELETE	6.1 TITLE D 6.2 NAME Whittaker, Raymond 6.3 STREET ADDRESS 34753 Hibiscus Dr. 6.4 CITY-ST-ZIP Ridge Manor, Fl.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 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, with all other like empowered.

SIGNATURE: Bruce G. Fisher **REQUIRED** 3-6-99 352-583-3466

CR2E037 (1/1/98)