

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N45443  
1. Corporation Name

(1)

RIDGE SERTOMA CLUB, INC.

FILED

96 AUG 23 PM 3:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address  
P.O. BOX 1584  
DUNDEE FL 33838  
US

3. Date Incorporated or Qualified 10/02/1991  
3a. Date of Last Report 02/01/1995

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number NOT APPLICABLE  
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

9. Name and Address of Current Registered Agent

EDWARD, CHARLES  
206 MERILL AVE.  
DUNDEE FL 33838

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	EDWARDS, CHARLES	206 MERRILL AVE	DUNDEE FL	<input checked="" type="checkbox"/>
CB	CARLISI, LANAA-J	P.O. BOX 676 N/A	LAKE ALFRED FL	<input checked="" type="checkbox"/>
TD	RIVERA, LARRY	P.O. BOX 553 N/A	DUNDEE FL 33838	<input type="checkbox"/>
DS	LATHAM, MYRTLE	P.O. BOX 508 N/A	DUNDEE FL 33838	<input checked="" type="checkbox"/>
D	LATHAM, ROBERT	P.O. BOX 508 NA	DUNDEE FL 33838	<input checked="" type="checkbox"/>
SA	STRASBURGER, LOUIS	437 GLEN EAGLE COURT	WINTER HAVEN FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	15 DELETE
President	MYRTLE LATHAM	P.O. BOX 508, 2016 MAIN ST	DUNDEE, FL 33838	<input checked="" type="checkbox"/>
CB	EDWARDS, CHARLES	206 merill ave.	DUNDEE, FL 33838	<input checked="" type="checkbox"/>
SEC - Director	MARIA R. SEAY	608 ALT. 27 SOUTH	DUNDEE, FL 33838	<input checked="" type="checkbox"/>
DVP - President, Director	CATHERINE BOBLEY	267 MARIPOSA	WINTER HAVEN, FL 33884	<input checked="" type="checkbox"/>
700001933637	-08/27/96--01149--008	*****61.25	*****61.25	

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: Myrtle L. Latham  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Myrtle L. LATHAM

Date 7/4/96 Daytime Phone (941) 434-4502