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FILED

Mar 04 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 # N45443 (1)

1. Corporation Name

RIDGE SERTOMA CLUB, INC.

Principal Place of Business

P.O. BOX 1584  
DUNDEE FL 33836  
US

Mailing Address

P.O. BOX 1584  
DUNDEE FL 33836-1584  
US



3. Date Incorporated or Qualified  
10/02/1991

3a. Date of Last Report  
08/23/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

10. Name and Address of New Registered Agent

EDWARD, CHARLES  
206 MERILL AVE.  
DUNDEE FL 33838

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	P	<input checked="" type="checkbox"/> DELETE
NAME	LATHAM, MYRTLE	
STREET ADDRESS	201 E. MAIN ST.	
CITY - ST - ZIP	DUNDEE FL 33838	
TITLE	CB	<input type="checkbox"/> DELETE
NAME	EDWARDS, CHARLES	
STREET ADDRESS	206 MERILL AVE.	
CITY - ST - ZIP	DUNDEE FL 33838	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RIVERA, LARRY	
STREET ADDRESS	P.O. BOX 553 N/A	
CITY - ST - ZIP	DUNDEE FL 33838	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	SEAY, MARIA R	
STREET ADDRESS	608 ALT. 27 S.	
CITY - ST - ZIP	DUNDEE FL 33838	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MOBLEY, CATHERINE	
STREET ADDRESS	267 MARIPOSA	
CITY - ST - ZIP	WINTER HAVEN FL 33884	
TITLE	SA	<input type="checkbox"/> DELETE
NAME	STRASBURGER, LOUIS	
STREET ADDRESS	437 GLEN EAGLE COURT	
CITY - ST - ZIP	WINTER HAVEN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" 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 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: *Larry Rivera* REQUIRED

2-26-97

941-439-3463

CR2E037 (9/96)