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Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N45443 (1)

1. Corporation Name
RIDGE SERTOMA CLUB, INC.



Principal Place of Business P.O. BOX 1584 DUNDEE FL 33838 US	Mailing Address P.O. BOX 1584 DUNDEE FL 33838 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 10/02/1991	4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> 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	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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
PERCY, MEL
82 Street Address (P.O. Box Number is Not Acceptable)
508 SHEPARD AVENUE
83
DUNDEE, FL 33838
84 City
DUNDEE 85 Zip Code
FL 33838

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]* DATE **4-15-98**

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

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	CARLISI, LANA JO
STREET ADDRESS	P.O. BOX 678, 370 E. ECHO
CITY - ST - ZIP	LAKE ALFRED FL
TITLE	CB <input checked="" type="checkbox"/> DELETE
NAME	EDWARDS, CHARLES
STREET ADDRESS	206 MERILL AVE.
CITY - ST - ZIP	DUNDEE FL 33838
TITLE	TD <input checked="" 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 checked="" type="checkbox"/> DELETE
NAME	MOBLEY, CATHERINE
STREET ADDRESS	267 MARIPOSA
CITY - ST - ZIP	WINTER HAVEN FL 33884
TITLE	SA <input checked="" 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	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PERCY, MEL
2.3 STREET ADDRESS	508 SHEPARD AVENUE
2.4 CITY - ST - ZIP	DUNDEE, FL 33838
3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DILL, DALE
3.3 STREET ADDRESS	2424 RUTH AVENUE
3.4 CITY - ST - ZIP	LAKE WALES, FL 33853
4.1 TITLE	XX Change <input type="checkbox"/> Addition
4.2 NAME	PERCY, MARIA R.
4.3 STREET ADDRESS	508 SHEPARD AVENUE
4.4 CITY - ST - ZIP	DUNDEE, FL 33838
5.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LASSETER, MARGARET
5.3 STREET ADDRESS	2424 MARTHA DRIVE
5.4 CITY - ST - ZIP	LAKE WALES, FL 33853
6.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	HOWARD, JOSEPHINE
6.3 STREET ADDRESS	1909 SOUTH 10th AVENUE
6.4 CITY - ST - ZIP	HAINES CITY, FL 33844

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.

SIGNATURE: *[Signature]* **4-13-98**

CR2E037 (10/97)