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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N45443

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



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 10/02/1991 4. FEI Number 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
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9. Name and Address of Current Registered Agent

PERCY, MEL
508 SHEPARD AVE
DUNDEE FL 33838

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input checked="" type="checkbox"/> DELETE	1.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLISI, LANA JO	1.2 NAME	Mel Percy
STREET ADDRESS	P.O BOX 676, 370 E. ECHO	1.3 STREET ADDRESS	508 Shepard Avenue
CITY-ST-ZIP	LAKE ALFRED FL	1.4 CITY-ST-ZIP	Dundee, FL 33838
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERCY, MEL	2.2 NAME	Dale Dill
STREET ADDRESS	508 SHEPARD AVE	2.3 STREET ADDRESS	2424 Ruth Avenue
CITY-ST-ZIP	DUNDEE FL 33838	2.4 CITY-ST-ZIP	Lake Wales, FL 33853
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DILL, DALE	3.2 NAME	Joanne McMaster
STREET ADDRESS	2424 RUTH AVE	3.3 STREET ADDRESS	43 Martha Drive
CITY-ST-ZIP	LAKE WALES FL 33853	3.4 CITY-ST-ZIP	Lake Wales, FL 33853
TITLE	DS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERCY, MARIA A	4.2 NAME	Mel Percy
STREET ADDRESS	508 SHEPARD AVE	4.3 STREET ADDRESS	508 Shepard Avenue
CITY-ST-ZIP	DUNDEE FL 33838	4.4 CITY-ST-ZIP	Dundee, FL 33838
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASSETER, MARGARET	5.2 NAME	
STREET ADDRESS	2424 MARTHA DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL 33853	5.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, JOSEPHINE	6.2 NAME	Mark Dill
STREET ADDRESS	1909 S 10TH AVE	6.3 STREET ADDRESS	2849 Jasmine Drive
CITY-ST-ZIP	HAINES CITY FL 33844	6.4 CITY-ST-ZIP	Lake Wales, FL 33853

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:

SIGNATURE REQUIRED DALE DILL 4-18-99 941-299-1871
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)