

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 MAR 20 PM 2:08

**DOCUMENT # 723052 (7)**

1. Corporation Name

**LEDGES ASSOCIATION, INC. THE**

Principal Place of Business Mailing Address  
C/O MRS. MARY MCKEON 900 SOUTH OCEAN BLVD. DELRAY BEACH FL 33483  
C/O MRS. MARY MCKEON 900 SOUTH OCEAN BLVD. DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/31/1972** 3a. Date of Last Report **04/20/1994**

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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RUTHERFORD, CHARLES E  
2101 NW CORPORATE BLVD  
BOCA RATON FL 33431**

B1 Name **RUTHERFORD, CHARLES E**  
B2 Street Address (P.O. Box Number is Not Acceptable) **2600 North Military Trail**  
B3 **Fourth Floor, One Crocker Square**  
B4 City **Boca Raton** FL B5 Zip Code **33431**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **TD**  
NAME **MCKEON, MARY**  
STREET ADDRESS **900 S. OCEAN BLVD**  
CITY-ST-ZIP **DELRAY BEACH, FL 0**  
TITLE **D**  
NAME **FRANKS, BETTY**  
STREET ADDRESS **853 MT PLEASANT RD**  
CITY-ST-ZIP **BRYN MAWR, PA 00000**  
TITLE **PD**  
NAME **MCKEON, CLIFFORD G**  
STREET ADDRESS **900 S OCEAN**  
CITY-ST-ZIP **DELRAY BEACH, FL 00000**  
TITLE **VD**  
NAME **PICCIANO, LOUIS JR**  
STREET ADDRESS **300 N. JENSEN RD.**  
CITY-ST-ZIP **VESTAL N.**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP **NEW ZIP CODE 33483**  
2.1 TITLE  Change  Addition  
2.2 NAME **DE MARCO, RITA**  
2.3 STREET ADDRESS **900 S. Ocean Blvd**  
2.4 CITY-ST-ZIP **Delray Beach, Fl 33483**  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP **NEW ZIP CODE 33483**  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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:

*Mary McKeon, President Director 3/15/95* 407-272-4385

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Divorce Phone #