

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90035 040 ****61.25

0063335

DOCUMENT # N13376

1. Entity Name

THE CITTA FOUNDATION, INC.

Principal Place of Business

Mailing Address

**110 EAST ATLANTIC AVE
 #330
 DELRAY BEACH FL 33444**

**110 EAST ATLANTIC AVE
 #330
 DELRAY BEACH FL 33444**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2635738

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARLEN, ROBERT M.
 110 EAST ATLANTIC AVE # 330
 DELRAY BEACH FL 33444**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CITTA, JOSEPH A. 63 CRANMOOR DR TOMS RIVER NJ	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CITTA, ROSANNE L. 4 HOLLY STREET TOMS RIVER NJ	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CITTA, LILLIAN R. 63 CRANMOOR DR TOMS RIVER NJ	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CITTA, J PHILLIP 698 HOOPER AVE TOMS RIVER NJ	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Citta, J. Phillip 698 Hooper Avenue Toms River, NJ 08753	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Citta, Rosanne L. 4 Holly Street Toms River, NJ 08753	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Citta, Joseph A. Jr. 354 Roberts Avenue So. Seaside Park, NJ 08752	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Roselli, Marie 585 Brookside Drive Toms River, NJ 08753	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED*

4/2/01

732-349-1600

CR2E037 (10/00)

Attachments

THE CITTA FOUNDATION, INC.
248 Washington Street, P.O. Box 4
Toms River, New Jersey 08754
732-349-1600

96452e1
#101337c

Board of Directors

J. Phillip Citta, President
Rosanne L. Citta, 1st Vice-President
Joseph A. Citta, Jr. 2nd Vice-President
Marie Roselli, Secretary-Treasurer

Founders

Joseph A. Citta
Lillian R. Citta

April 2, 2001

Florida Department of State
Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

In re: The Citta Foundation, Inc.
FEI Number 59-2635738

Gentlemen:

Enclosed herein please find Nonprofit Corporation Annual Report Filing Form for The Citta Foundation, Inc. for the year 2001.

I am also enclosing herein The Citta Foundation, Inc. Check No. 1807 in the amount of \$61.25 for filing fee.

Please file the enclosed.

Please acknowledge receipt of the above on the copy of this letter and return same to us in the enclosed self-addressed envelope.

Thank you.

Very truly yours,

J. PHILLIP CITTA

JPC

cz

Enclosures

cc: Robert M. Arlen, P.A.
110 East Atlantic Ave., Suite 330
Delray Beach, FL 33444

This still contains the contents of the enclosure
on this _____ day of _____ 19____