

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13376

FILED
Mar 18, 2009
Secretary of State

Entity Name: THE CITTA FOUNDATION, INC.

Current Principal Place of Business:

110 EAST ATLANTIC AVE
#330
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

110 EAST ATLANTIC AVE
#330
DELRAY BEACH, FL 33444

New Mailing Address:

FEI Number: 59-2635738 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CITTA, ROSANNE L.,
Address: 21 PINE STREET
City-St-Zip: TOMS RIVER, NJ 08753

Title: VD () Delete
Name: CITTA, JOSEPH A. JR
Address: 354 ROBERTS AVENUE
City-St-Zip: SEASIDE PARK, NJ 08752

Title: SD () Delete
Name: ROSELLI, MARIE
Address: 585 BROOKSIDE DRIVE
City-St-Zip: TOMS RIVER, NJ 08753

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: FARFALLA, KRISTIN
Address: 63 CRANMOOR DRIVE
City-St-Zip: TOMS RIVER, NJ 08753

Title: VP (X) Change () Addition
Name: LORIANN, ERBE
Address: 16 PINE STREET
City-St-Zip: TOMS RIVER, NJ 08753

Title: SD () Change (X) Addition
Name: ROSELLI, MARIE
Address: 585 BROOKSIDE DRIVE
City-St-Zip: TOMS RIVER, NJ 08753

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSANNE L CITTA

PD

03/18/2009

Electronic Signature of Signing Officer or Director

_____ Date