


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000002173	
1. Entity Name JANE SHEPARD RITTER CHARITABLE FOUNDATION, INC.	

Principal Place of Business 46 N WASHINGTON BLVD SUITE 25A SARASOTA, FL 34236	Mailing Address 46 N WASHINGTON BLVD SUITE 25A SARASOTA, FL 34236
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DO NOT WRITE IN THIS SPACE



01112006 No Chg-NP CR2E037 (11/05)

4. FEI Number 30-0162358	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MORAN, PAUL A
46 N WASHINGTON BLVD SUITE 25A
SARASOTA, FL 34236

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Paul A. Moran* DATE 1/11/06

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

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRICKLAND, CAROLYN 1858 RINGLING BLVD SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RITTER, JANE S 4822 OCEAN BLVD UNIT 5E SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORAN, PAUL A 46 N WASHINGTON BLVD SUITE 25A SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWALBE, SID 2033 MAIN ST SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/20/06-80054-003 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Paul A. Moran* 1/11/06 941-955-1712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #