

**2008 ~~NOT-FOR-PROFIT~~ CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 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 US**

Mailing Address
**46 N WASHINGTON BLVD, SUITE 25A
SARASOTA, FL 34236 US**



01032008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

30-0162358

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

**U000000907731
05/06/08-80002-011 61.25**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STRICKLAND, CAROLYN
STREET ADDRESS	1858 RINGLING BLVD
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	D
NAME	RITTER, JANE S
STREET ADDRESS	4822 OCEAN BLVD, UNIT 5E
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	D
NAME	MORAN, PAUL A
STREET ADDRESS	46 N WASHINGTON BLVD, SUITE 25A
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	D
NAME	SCHWALBE, SID
STREET ADDRESS	3823 COUNTRYSIDE LANE
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/08

941-955-1710