


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000010106 1. Entity Name RICHARD A. RIFFEL CHARITABLE FOUNDATION, INC.					
Principal Place of Business 1420 DEIRDRE DRIVE PO BOX 177 RUSKIN, FL 33570		Mailing Address 1420 DEIRDRE DRIVE PO BOX 177 RUSKIN, FL 33570			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country			
4. FEI Number 20-8113258				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIEF, FRANK J III 442 W KENNEDY BLVD SUITE 340 TAMPA, FL 33606			7. Name and Address of New Registered Agent Name Richard A. Riffel Street Address (P.O. Box Number is Not Acceptable) 1420 Deirdre Drive City Ruskin, FL Zip Code 33570		
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: <u>Richard A. Riffel</u> Richard A. Riffel Individual DATE: <u>FEB 6, 2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIFFEL, RICHARD A PO BOX 177 RUSKIN, FL 33570	<input type="checkbox"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		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 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: <u>Richard A. Riffel</u> Richard A. Riffel President Date: <u>2/8/08</u> (813) 645-2669 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

FILED

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1/10/08 **SECRETARY OF STATE**
FLORIDA



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