

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morahan
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 6:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000000174

1. Corporation Name:
R.I.T.A. Foundation Inc.
Resources into Thinking Attitude.
1515 E

Principal Place of Business: 1515 E. Diana St. Tampa, Fla 33610
Mailing Address: 1515 E. Diana St. Tampa, Fla 33610

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Organized: Dec. 05 1994
3a. Date of Last Report:
4. FEI Number: 59-3287065
Applied For: Not Applicable

2. Principal Place of Business: 21 1515 E. Diana St.
22 Suite, Apt. #, etc:
23 City & State: Tampa Fla
24 Zip: 33610
25 Country: Hillsborough
26 Mailing Address: 26
27 Suite, Apt. #, etc:
28 City & State:
29 Zip:
30 Country:

5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing: ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: ☒ \$68.75 Supplemental Fee Not Required
8. The corporation has liability for intangible tax under S. 199.092, Florida Statutes: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent:
SUSAN M. HAND
1515 E. Diana St.
Tampa, Fla.
33610

10. Name and Address of Now Registered Agent:
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: FL 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (Typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when transferring)

(Date)

12. OFFICERS AND DIRECTORS
1. TITLE: President
NAME: MARILYN HAND
STREET ADDRESS: 1515 E. Diana St.
CITY, ST, ZIP: Tampa, Fla 33610
2. TITLE: Executive President
NAME: SUSAN M. HAND
STREET ADDRESS: 1515 E. Diana St.
CITY, ST, ZIP: Tampa, Fla 33610
3. TITLE: Secretary
NAME: CHRIS GELBERG
STREET ADDRESS: 8406 WILLOW WAY
CITY, ST, ZIP: Lakeland, Fla 33809
4. TITLE: Treasurer
NAME: WILLIAM CLEMMER
STREET ADDRESS: 7800 115th St N Suite 203
CITY, ST, ZIP: Seminole, Fla 31643-4097
5. TITLE: Board Chairman
NAME: BOB CLEMMER
STREET ADDRESS: 4800 140 Ave N
CITY, ST, ZIP: Clearwater, Fla 34608
6. TITLE: Director
NAME: JUDY BARKOWITZ
STREET ADDRESS: 8603 N. Dale Mabey #215
CITY, ST, ZIP: Tampa, Fla 33618

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: Director
NAME: CHARLIE RODRIGUEZ
STREET ADDRESS: 12421 N. 7th Ave Suite 100
CITY, ST, ZIP: Tampa, Fla 33612
1.2 NAME:
1.3 STREET ADDRESS:
1.4 CITY, ST, ZIP:
2.1 TITLE:
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY, ST, ZIP:
3.1 TITLE:
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY, ST, ZIP:
4.1 TITLE:
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY, ST, ZIP:
5.1 TITLE:
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY, ST, ZIP:
6.1 TITLE:
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY, ST, ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: SUSAN M. HAND 04/29/95 (13) 238 4636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR