# **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



## FLORIDA DEPARTMENT OF STATE

### Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

# N95000000174 (1) **DOCUMENT** #

R.J.T.A. FOUNDATION INC.							
Principal Plac	e of Business	Mailing Address	Mailing Address			1	t jadijini din reini killi neili daril edili edili edili edili daril daret ildir ibbil gibi debi
1515 E. DIANA STREET TAMPA FL 33610		1515 E. DIANA STREET Tampa Fl 33610		_	Date Incorporated or Qualified  12/05/1994  Applied For		
							<b>59-3287065</b> Not Applicable
Principal Place of Business     Section 21		2a. Mailing Address 26	26		6.	Certificate of Status Desired Security \$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		6.	i. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
City & State		City & State		7.	s this nonprofit corporation a homeowners association?		
Zip	Country	<b>28</b> ] Zip	Cou	intry		B	This corporation owes or has paid the current year Intangible
24	25	29	30	<b>,</b>		"	Personal Property Tax due June 30. Yes No
	9. Name and Address of Cur					10.	). Name and Address of New Registered Agent
				81	Name		
	Busan M Diana Street			82	Street Addr	ess (F	P.O. Box Number is Not Acceptable)
	FL 33610			83			
				84	City		FL 85 Zip Code
11. Pursuant office or r	to the provisions of Sections 617.  egistered agent, or both, in the SI m familiar with, and accept the ob	0502 and 617.1508, Florida Stat ate of Florida. Such change wa bligations of Section 617.0503	utes, the a s authorize Florida Sta	bove d by	-named corp the corporati	oratio	on submits this statement for the purpose of changing its registered board of directors. I hereby accept the appointment as registered
SIGNATURE					•		
	Signature, typed or printed name of registered			egA b	nt signature require		
12.	OFFICERS EP	AND DIRECTORS  DELETE	13.	71.5			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME	HAND, SUSAN M		1.1 T		- 1		☐ Change ☐ Addition
STREET ADDRESS	1515 E. DIANA STREET		1.2 N		ADDOCCO		
CITY-ST-ZIP TAMPA FL 33610		1.3 STREET A 1.4 City-st		- 1			
TITLE	P	DELETE	2,1 TI		1-231		Change Addition
NAME	HAND, MARTIN G			2.2 NAME			
STREET ADDRESS 1515 E. DIANA STREET					ADDRESS		
CITY-ST-ZIP TAMPA FL 33810				HTY-S	1		
TITLE	DT	DELETE	3.1 7		<del></del>		Change Addition
NAME	ATHANSON, WILLIAM		3.2 N	AME			
STREET ADDRESS 7800 113TH STREET NORTH SUITE 203		TH SUITE 203	3.3 \$	3.3 STREET ADDRESS			
CITY-ST-ZIP	SEMINOLE FL		3.4. C	ITY-S	T- <b>Z</b> IP		
TITLE	DS	☐ DELETE	4.1 11	TLE			☐ Change ☐ Addition
NAME	Lybarger, Christine		4.21	AME			
STREET ADDRESS	8406 WILLWAY		4.3 \$	TREET.	ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33809			TY-\$1	1-21P		
TITLE	DEALIONE ONADID	☐ DELETE	5.1 11				☐ Change ☐ Addition
NAME REAUQUE, CHARLIE		FF 800		5.2 NAME			
STREET ADDRESS 12421 N. FLORIDA AVE. STE		IE. 220	5.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33812	T DELETE		TY-S1	r-ZIP		Channe Lausen
TITLE		☐ DELETE	6.1 TI				L Change L Addition
NAME			6.2 N				
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP			6.4 C	ITY-ST	r-zip		

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 an address.

04/24/98

**FILED** 

Apr 13 1998 8:00am

Secretary of State