

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90042 021 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000174

1. Corporation Name

R.I.T.A. FOUNDATION INC.

Principal Place of Business

1515 E. DIANA STREET
TAMPA FL 33610

Mailing Address

1515 E. DIANA STREET
TAMPA FL 33610



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

12/05/1994

4. FEI Number

59-3287065

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HAND, SUSAN M
1515 E. DIANA STREET
TAMPA FL 33610

10. Name and Address of New 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	EP	<input type="checkbox"/> DELETE
NAME	HAND, SUSAN M	
STREET ADDRESS	1515 E. DIANA STREET	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HAND, MARTIN G	
STREET ADDRESS	1515 E. DIANA STREET	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	ATHANSON, WILLIAM	
STREET ADDRESS	7800 113TH STREET NORTH SUITE 203	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	LYBARGER, CHRISTINE	
STREET ADDRESS	8406 WILLWAY	
CITY-ST-ZIP	LAKE LAND FL 33809	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REAUQUE, CHARLIE	
STREET ADDRESS	12421 N. FLORIDA AVE. STE. 220	
CITY-ST-ZIP	TAMPA FL 33812	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	EP ID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hand, Susan M.	
1.3 STREET ADDRESS	1515 E. Diana St.	
1.4 CITY-ST-ZIP	Tampa, FL 33610	
2.1 TITLE	PI D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Hand, Martin G.	
2.3 STREET ADDRESS	1515 E. Diana St.	
2.4 CITY-ST-ZIP	Tampa, FL 33610	
3.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Susan Hand	
3.3 STREET ADDRESS	1515 E. Diana St.	
3.4 CITY-ST-ZIP	Tampa FL 33610	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED: Susan Hand 04/02/99 (813) 238-4636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)