

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000174

FILED
Apr 10, 2009
Secretary of State

Entity Name: R.I.T.A. FOUNDATION INC.

Current Principal Place of Business:

1515 E. DIANA STREET
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

1515 E. DIANA STREET
TAMPA, FL 33610

New Mailing Address:

FEI Number: 59-3287065

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PDT () Delete
Name: HAND, SUSAN M
Address: 1515 E DIANA STREET
City-St-Zip: TAMPA, FL 33610

Title: PD () Delete
Name: HAND, MARTIN G
Address: 1515 E. DIANA STREET
City-St-Zip: TAMPA, FL 33610

Title: DS () Delete
Name: HAND, SUSAN M
Address: 155 E DIANA ST.
City-St-Zip: TAMPA, FL 33610

Title: D () Delete
Name: REAUQUE, CHARLIE
Address: 12421 N. FLORIDA AVE. STE. 220
City-St-Zip: TAMPA, FL 33812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HAND, MARTIN G
Address: 1515 E. DIANA STREET
City-St-Zip: TAMPA, FL 33610

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTIN G. HAND

PD

04/10/2009

Electronic Signature of Signing Officer or Director

Date