2002	2 UNIFORM BUS	FILED				<u>5</u>			
DOCUMENT # N9900007223 1. Entity Name					Jan 09, 2002 8:00 am & Secretary of State				0004801
THE RITA	A FOUNDATION, INC.					09-2002 90007 029			
Principal Place of Business 8334 AMHERST HILLS LANE JACKSONVILLE FL 32256		Mailing Address 8334 AMHERST HILLS LANE JACKSONVILLE FL 32256			_				
									
2. Principal Place of Business		3. Mailing Address				18411 40 17) 88 417 80 141 80 114 80 141	1884 I I I I I I I I I I I I I I I I I I	()	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number 59-3614273 Applied For Not Applicable				
Zip Country		Zip		Country	5. Certificate of State	is Desired [7]	8.75 Add	litional	1
	6. Name and Address of Current	Registered Age	nt		7. Name and Addre	ss of New Registered A	gent		1
				Name					
ALLEN, GLENN K '353 E. FORSYTH ST.				Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
	VILLE FL 32202						T	_	
				City		FL Zip Code			
8. The above	e named entity submits this statement for	or the purpose of	changing its regi	stered office or reg	ristered agent, or both, in th	e state of Florida.			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Rec	iistered Agent signature re	ouired when reinstating)	DATE			
		-						_	1
I	FILE NOW: FEE IS \$61.25		Election Campai Trust Fund Conti		\$5.00 May Be Added to Fees	Make Check Departmen			
10.	OFFICERS AND DI	RECTORS		11	ADDITIONS/CHANGES	TO OFFICERS AND DIR	CTORS IN	10	1
TITLE	D JANTZ, CHARLES R		Delete	TITLE			☐ Change	☐ Addition	9/01)
	8334 AMHERST HILLS LANE JACKSONVILLE FL 32256			NAME STREET ADDRESS					CR2E037 (9/01)
CITY-ST-ZIP TITLE	D D D D D D D D D D D D D D D D D D D		Delete	CITY-ST-ZIP TITLE			☐ Change	Addition	18
NAME	JANTZ, NANCY J	_	Colore	NAME			_ · · · g-		.
STREET ADDRESS CITY-ST-ZIP	8334 AMHERST HILLS LANE JACKSONVILLE FL 32256			STREET ADDRESS CITY-ST-ZIP	±				
TITLE	D COUNT		Delete	TITLE	· · · · · · · · · · · · · · · · · · ·		☐ Change	☐ Addition	7
	KING, JOHN 7819 MCLAURIN RD. NORTH			NAME STREET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32256			CITY-ST-ZIP	_			_	_
TITLE	D Azzarello, Kathy		Delete	TITLE			☐ Change	☐ Addition	
	7938 BISHOP LAKE RD.			NAME STREET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32256		D. D. Late	CITY-ST-ZIP			☐ Change	Addition	4
TITLE NAME	BRADDOCK, ROBIN	L	Delete	TITLE NAME			□ ∩uaiige	□ AUUHON	
STREET ADDRESS CITY-ST-ZIP	10043 CHESTER LAKE RD. E. JACKSONVILLE FL 32256			STREET ADDRESS CITY-ST-ZIP					
TITLE	D HARTLEY, MIKE		Delete	TITLE			☐ Change	☐ Addition	1
	8728 PERSIMMON HILL LANE			NAME STREET ADDRESS					

12. 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 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 a tother like empowered.

SIGNATURE:

SIGNATURE:

7-07-02

904

3631493

CITY-ST-ZIP

CITY-ST-ZIP

JACKSONVILLE FL 32256