

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000007223	
1. Entity Name THE RITA FOUNDATION, INC.	

Principal Place of Business 8334 AMHERST HILLS LANE JACKSONVILLE FL 32256	Mailing Address 8334 AMHERST HILLS LANE JACKSONVILLE FL 32256
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3614273	Applied For ☐ Not Applicable
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent ALLEN, GLENN K 353 E. FORSYTH ST. JACKSONVILLE FL 32202
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
JANTZ, CHARLES R 8334 AMHERST HILLS LANE JACKSONVILLE FL 32256	
JANTZ, NANCY J 8334 AMHERST HILLS LANE JACKSONVILLE FL 32256	
KING, JOHN 7819 MCLAURIN RD. NORTH JACKSONVILLE FL 32256	
AZZARELLO, KATHY 7938 BISHOP LAKE RD. JACKSONVILLE FL 32256	
BRADDOCK, ROBIN 10043 CHESTER LAKE RD. E. JACKSONVILLE FL 32256	
HARTLEY, MIKE 8728 PERSIMMON HILL LANE JACKSONVILLE FL 32256	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
000000021156 01/29/04-80097-008 61.25	

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 all other like empowered.

SIGNATURE:  **Charles R. Jantz** President 904 363 1493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #