

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 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**



01092007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3614273

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

**ALLEN, GLENN K
353 E. FORSYTH ST.
JACKSONVILLE, FL 32202**

**DO NOT WRITE
IN THIS SPACE**

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 renewing)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME JANTZ, CHARLES R
STREET ADDRESS 8334 AMHERST HILLS LANE
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE D
NAME JANTZ, NANCY J
STREET ADDRESS 8334 AMHERST HILLS LANE
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE D
NAME KING, JOHN
STREET ADDRESS 7819 MCLAURIN RD. NORTH
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE D
NAME AZZARELLO, KATHY
STREET ADDRESS 7938 BISHOP LAKE RD.
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE D
NAME BRADDOCK, ROBIN
STREET ADDRESS 10043 CHESTER LAKE RD. E.
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE D
NAME HARTLEY, MIKE
STREET ADDRESS 8728 PERSIMMON HILL LANE
CITY-ST-ZIP JACKSONVILLE, FL 32256

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01/18/07-80067-025 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES R. JANTZ

Date

Daytime Phone #

1/14/07 904 363 1443