

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F95000003794**  
 1. Entity Name  
**GENE AND MARY SARAZEN FOUNDATION, INC.**

Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_  
**950 NO COLLIER BLVD PO BOX 977**  
**SUITE #409 MARCO ISLAND, FL 34146 US**



**DO NOT WRITE IN THIS SPACE**

01042005 No Chg-NP CR2E037 (10/03)  
 4. FEI Number **65-0584415** Applied For  Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**LITCHFIELD, DAWN**  
**LITCHFIELD-NELSON**  
**3033 RIVIERA DR-SUITE 106**  
**NAPLES, FL 34103**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SARAZEN, MARY ANNE 950 NO COLLIER BLVD-SUITE 409 MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ILNICKI, PAMELA SHORELINE DR P.O. BOX 3536 PONTE VEDRA BEACH, FL 32004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000280445  
 03/30/05-80018-021 61.25  
**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Mary Ann Sarazen* **MARY ANN SARAZEN** President 3/28/05 (239) 389-2460  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #