


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


**FILED**  
**Apr 13, 2007 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  
 MARCO ISLAND, FL 34145    US

**DO NOT WRITE IN THIS SPACE**



01112007 No Chg-NP      CR2E037 (4/06)

4. FEI Number 65-0584415	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

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

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	U00000707175 04/24/07-80063-018 61.25
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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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** *Mary Ann Sarazen*      **4-11-07**      **239-389-2460**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #