

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N00000008294**

1. Entity Name  
**SAVIDGE FAMILY FOUNDATION, INC.**



Principal Place of Business  
**PO BOX 8400  
LONGBOAT KEY, FL 34228**

Mailing Address  
**POST OFFICE BOX 8400  
LONGBOAT KEY, FL 34228**



03112008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1062266</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**BARRETT HECKER, SUSAN  
200 S. ORANGE AVE.  
SARASOTA, FL 34236**

**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 reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

000000904335

05/01/08-80008-020 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SAVIDGE, CHARLES R PO BOX 8400 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SAVIDGE, PHYLLIS PO BOX 8400 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BOWERS, JANICE S PO BOX 8400 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SAVIDGE, CHARLES R III PO BOX 8400 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
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:** *C.R. Savidge* **C.R. SAVIDGE, PRESIDENT**

*3/11/08*  
Date

*943 383 4549*  
Daytime Phone #