# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 04, 2009**
**Secretary of State**

DOCUMENT# N00000008294

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

**Current Principal Place of Business:**

PO BOX 8400
LONGBOAT KEY, FL 34228

**New Principal Place of Business:**

4030 GULF OF MEXICO DRIVE
LBAH
LONGBOAT KEY, FL 34228

**Current Mailing Address:**

POST OFFICE BOX 8400
LONGBOAT KEY, FL 34228

**New Mailing Address:**

**FEI Number: 65-1062266** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | PD | ( ) Delete |
| Name: | SAVIDGE, CHARLES R | |
| Address: | PO BOX 8400 | |
| City-St-Zip: | LONGBOAT KEY, FL 34228 | |
| Title: | VD | ( ) Delete |
| Name: | SAVIDGE, PHYLLIS | |
| Address: | PO BOX 8400 | |
| City-St-Zip: | LONGBOAT KEY, FL 34228 | |
| Title: | SD | ( ) Delete |
| Name: | BOWERS, JANICE S | |
| Address: | PO BOX 8400 | |
| City-St-Zip: | LONGBOAT KEY, FL 34228 | |
| Title: | TD | ( ) Delete |
| Name: | SAVIDGE, CHARLES R III | |
| Address: | PO BOX 8400 | |
| City-St-Zip: | LONGBOAT KEY, FL 34228 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES R SAVIDGE PRES 04/04/2009

Electronic Signature of Signing Officer or Director — Date