2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000002538

1. Entity Name
GETZEN FAMILY CHARITIES, INC.

Principal Place of Business	Mailing Address
C/O WILLIAM E. GETZEN 1421 WESTBROOK DRIVE SARASOTA, FL 34231	C/O WILLIAM E. GETZEN 1421 WESTBROOK DRIVE SARASOTA, FL 34231

01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
82-0540623
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GETZEN, LINDA R
200 S. ORANGE AVENUE
SARASOTA, FL 34236

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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 reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GETZEN, WILLIAM E
STREET ADDRESS	1421 WESTBROOK DR
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	VPD
NAME	GETZEN, RUTH E
STREET ADDRESS	1421 WESTBROOK DR
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	VPD
NAME	GETZEN, LINDA R
STREET ADDRESS	1457 LANDINGS CIRCLE
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	VPD
NAME	ALGER, SANDRA
STREET ADDRESS	7880 SADDLE CREEK TRAIL
CITY-ST-ZIP	SARASOTA, FL 34241
TITLE	VPD
NAME	GETZEN, JAMES W
STREET ADDRESS	8871 FISHERMENS BAY DR
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/11/06-80070-002 61.25

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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: William E. Getzen PRES. 1-5-06 941-922-8581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #