


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

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000002538</b> 1. Entity Name GETZEN FAMILY CHARITIES, INC.	
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Principal Place of Business C/O WILLIAM E. GETZEN 1421 WESTBROOK DRIVE SARASOTA, FL 34231	Mailing Address C/O WILLIAM E. GETZEN 1421 WESTBROOK DRIVE SARASOTA, FL 34231
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01202007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 82-0540623	Applied For 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  GETZEN, LINDA R 200 S. ORANGE AVENUE SARASOTA, FL 34236
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

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01/26/07-80036-015 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** 1-20-07 941-722-8581  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #