

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2008 8:00 am**  
**Secretary of State**

01-07-2008 90036 019 \*\*\*\*61.25

**DOCUMENT # N02000002538**

1. Entity Name  
**GETZEN FAMILY CHARITIES, INC.**



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**

**40000058**



01032008 Chg-NP CR2E037 (12/06)

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**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	200 S. ORANGE AVE
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	7701 HOLIDAY DRIVE
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**WILLIAM E. GETZEN**

Date

**1-3-08**

Daytime Phone #

**941-922-8581**