2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002538

GETZEN, JAMES W

SARASOTA, FL 34231

7701 HOLIDAY DR

Name:

Address:

City-St-Zip:

SETZEN FAMILY CHARITIES INC

FILED Jan 07, 2009 Secretary of State

Entity Name: GETZEN FAMILY CHARITIES, INC. **Current Principal Place of Business: New Principal Place of Business:** C/O WILLIAM E. GETZEN 1421 WESTBROOK DRIVE SARASOTA, FL 34231 **New Mailing Address: Current Mailing Address:** C/O WILLIAM E. GETZEN 1421 WESTBROOK DRIVE SARASOTA, FL 34231 FEI Number: 82-0540623 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GETZEN, LINDA R 200 S. ORANGE AVENUE SARASOTA, FL 34236 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GETZEN, WILLIAM E Name: Name: 1421 WESTBROOK DR Address: Address: City-St-Zip: SARASOTA, FL 34231 City-St-Zip: Title: () Delete Title: () Change () Addition GETZEN, RUTH E Name: Name: Address: 1421 WESTBROOK DR Address: City-St-Zip: SARASOTA, FL 34231 City-St-Zip: Title: VPD () Delete Title: () Change () Addition GETZEN, LINDA R Name: Name: Address: 200 S ORANGE AVE Address: City-St-Zip: SARASOTA, FL 34236 City-St-Zip: Title: **VPD** () Delete Title: () Change () Addition Name: ALGER, SANDRA Name: 7880 SADDLE CREEK TRAIL Address: Address: City-St-Zip: SARASOTA, FL 34241 City-St-Zip: VPD Title: Title: () Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: WILLIAM E. GETZEN P 01/07/2009