

FILE NOW: FILING-FEE IS \$61.25

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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005768 (4)
1. Corporation Name
**THE FRANK & SARAH SALIZZONI CHARITABLE FOUNDATIO
N, INC.**



Principal Place of Business 288 LOCHA DRIVE JUPITER FL 33458	Mailing Address 288 LOCHA DRIVE JUPITER FL 33458
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3. Date Incorporated or Qualified 11/08/1996	
4. FEI Number 65-0710648	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**SALIZZONI, SARAH
288 LOCHA DRIVE
JUPITER FL 33458**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALIZZONI, FRANK	1.2 NAME	
STREET ADDRESS	5720 OAKWOOD RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SHAWNEE MISSION KS 66208	1.4 CITY-ST-ZIP	
TITLE	VPST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALIZZONI, SARAH	2.2 NAME	
STREET ADDRESS	288 LOCHA DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33458	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALIZZONI, JOHN	3.2 NAME	
STREET ADDRESS	34 LONGVIEW DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06905	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HRINYA, ELEANOR	4.2 NAME	
STREET ADDRESS	RD2 BIERY DRIVE, BOX 266	4.3 STREET ADDRESS	
CITY-ST-ZIP	SENECA PA 18346	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HRINYA, LEE	5.2 NAME	
STREET ADDRESS	RD2 BIERY DRIVE, BOX 266	5.3 STREET ADDRESS	
CITY-ST-ZIP	SENECA PA 18346	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

SEE ATTACHED LISTING

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *X* *Frank Salizzoni* **3-19-98** **861-747-7119**

CPRE037 (10/97)

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

TITLE AND
TIME DEVOTED
TO POSITION

NAME AND ADDRESS

SUSAN REVERDY
39 GIBSON DRIVE
FRAMINGHAM, MA 01701

PART TIME

LAURA DEAN
901 MAPLEWOOD COURT
WINSTON SALEM, NC 27103

PART TIME