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Jan 28, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01-28-1999 90011 022 *****61.25

DOCUMENT # N96000005768

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

11/08/1996

4. FEI Number

65-0710648

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

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

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME SALIZZONI, FRANK
STREET ADDRESS 5720 OAKWOOD RD.
CITY-ST-ZIP SHAWNEE MISSION KS 66208

TITLE VPST
NAME SALIZZONI, SARAH
STREET ADDRESS 288 LOCHA DRIVE
CITY-ST-ZIP JUPITER FL 33458

TITLE D
NAME SALIZZONI, JOHN
STREET ADDRESS 34 LONGVIEW DRIVE
CITY-ST-ZIP STAMFORD CT 06905

TITLE D
NAME HRINYA, ELEANOR
STREET ADDRESS RD2 BIERY DRIVE, BOX 266
CITY-ST-ZIP SENECA PA 16346

TITLE D
NAME HRINYA, LEE
STREET ADDRESS RD2 BIERY DRIVE, BOX 266
CITY-ST-ZIP SENECA PA 16346

TITLE D
NAME REVERDY, SUSAN
STREET ADDRESS 39 GIBSON DR
CITY-ST-ZIP FRAMINGHAM MA 01701

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED FRANK L SALIZZONI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/99

816-932-7577

Date

Daytime Phone #

CR2E037 (1/198)