


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000005768
1. Entity Name
**THE FRANK & SARAH SALIZZONI CHARITABLE
FOUNDATION, INC.**



Principal Place of Business Mailing Address
288 LOCHA DRIVE 288 LOCHA DRIVE
JUPITER, FL 33458 JUPITER, FL 33458

DO NOT WRITE IN THIS SPACE



01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
65-0710648 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent
SALIZZONI, SARAH
288 LOCHA DRIVE
JUPITER, FL 33458

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2004**

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	P SALIZZONI, FRANK 288 LOCHA DRIVE JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST SALIZZONI, SARAH 288 LOCHA DRIVE JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALIZZONI, JOHN 38 ROSEWELL RD BEDFORD, NH 03110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HRINYA, ELEANOR RD2 BIERY DRIVE, BOX 266 SENECA, PA 16346
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEAN, LAURA 215 PINE VALLEY RD WINSTON SALEM, NC 27104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REVERDY, SUSAN 190 MAPLE STREET FRAMINGHAM, MA 01701

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01062004000647
01/09/04-80015-007 61.25

12. 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 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: Frank & Sarah Salizzoni 1/6/04 561-747-7119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #