

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N94000006006 (0)**

1. Corporation Name

**SEI CHARITABLE FOUNDATION, INC.**



Principal Place of Business	Mailing Address
100 N TAMPA ST SUITE 3900 TAMPA FL 33602	100 N TAMPA ST SUITE 3900 TAMPA FL 33602

3. Date Incorporated or Qualified <b>12/07/1994</b>	3a. Date of Last Report <b>04/18/1995</b>
4. FEI Number <b>59-3283042</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>901 S. Newport Avenue</b>	26 <b>901 S. Newport Avenue</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 <b>Tampa, Florida</b>	28 <b>Tampa, Florida</b>
24 <b>33606</b> <b>U.S.A.</b>	29 <b>33606</b> <b>U.S.A.</b>

9. Name and Address of Current Registered Agent

**ROBBINS, R JAMES JR**  
**101 E KENNEDY BLVD SUITE 3700**  
**TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name **Kenneth J. Meister**

82 Street Address (P.O. Box Number is Not Acceptable)  
**100 North Tampa Street**

83 **Suite 2700**

84 City **Tampa** **FL** 85 Zip Code **33602**

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]* **Kenneth J. Meister, Esq.** **April 30, 1996**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	<b>SYKES, JOHN H</b>	
STREET ADDRESS	<b>100 N TAMPA ST SUITE 3900</b>	
CITY-ST-ZIP	<b>TAMPA FL 33602</b>	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	<b>BENDERT, SCOTT J</b>	
STREET ADDRESS	<b>100 N TAMPA ST SUITE 3900</b>	
CITY-ST-ZIP	<b>TAMPA FL 33602</b>	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	<b>CAMERON, SUSAN</b>	
STREET ADDRESS	<b>100 N TAMPA ST SUITE 3900</b>	
CITY-ST-ZIP	<b>TAMPA FL 33602</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Susan W. Sykes</b>	
1.3 STREET ADDRESS	<b>901 S. Newport Avenue</b>	
1.4 CITY-ST-ZIP	<b>Tampa, FL 33606</b>	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Kay S. Saville</b>	
2.3 STREET ADDRESS	<b>851 S. Boulevard</b>	
2.4 CITY-ST-ZIP	<b>Tampa, FL 33606</b>	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Barbara N. Wilcox</b>	
3.3 STREET ADDRESS	<b>13533 Bay Lake Lane</b>	
3.4 CITY-ST-ZIP	<b>Tampa, FL 33618</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* **Susan W. Sykes** **4-30-96** **813-229-8299**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Susan W. Sykes, President/Treasurer/Director**

CR2E037 (12/95)