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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N97000004739

1. Corporation Name
**THE DAN SELIGMAN FAMILY CHARITABLE FOUNDATION, I
 NC.**

Principal Place of Business
 2441 NW 59TH ST
 NO. 503
 BOCA RATON FL 33496

Mailing Address
 2441 NW 59TH ST
 NO. 503
 BOCA RATON FL 33496



21. Principal Place of Business Bo. Box 952948	2a. Mailing Address P.O. Box 952948	3. Date Incorporated or Qualified 08/18/1997
22. LAKE MARY, FLORIDA	27. LAKE MARY, Florida	4. FEI Number 65-0781900
23. 32795-2948 Seminole	28. 32795-2948 Seminole	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	29. Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	30. Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
ASARCH, STEVEN J
7777 GLADES RD
SUITE 200
BOCA RATON FL 33434

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP SELIGMAN, BESS F	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2441 NW 59TH ST	1.2 NAME	
STREET ADDRESS	BOCA RATON FL 33496	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DS SELIGMAN, BESS D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2441 NW 59TH ST	2.2 NAME	
STREET ADDRESS	BOCA RATON FL 33496	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DVP SELIGMAN, HARRY L	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	469 WOLDUNN CIR	3.2 NAME	
STREET ADDRESS	LAKE MARY FL 32746	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DVP SELIGMAN, MICHAEL W	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	420 TURNBERRY CIR	4.2 NAME	
STREET ADDRESS	OXFORD MI 38655	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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	

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: *Harry L. Seligman* **Harry L. Seligman** *Vice-President* **2/4/99** **(407) 350-9373**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)