


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000004739
 1. Entity Name
 THE DAN SELIGMAN FAMILY CHARITABLE FOUNDATION, INC.



Principal Place of Business Mailing Address
 PO BOX 952948 PO BOX 952948
 LAKE MARY, FL 32795 LAKE MARY, FL 32795

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01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0781900 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ASARCH, STEVEN J
 1900 NW CORPORATE BOULEVARD
 SUITE 400 EAST
 BOCA RATON, FL 33431

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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, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SOLOMON, ALLAN B
STREET ADDRESS	2200 NW CORPORATE BLVD, #310
CITY - ST - ZIP	BOCA RATON, FL 33431
TITLE	D
NAME	SELIGMAN, CYNTHIA
STREET ADDRESS	420 TURNBERRY CIRCLE
CITY - ST - ZIP	OXFORD, MS 386552568
TITLE	DPS
NAME	SELIGMAN, HARRY L
STREET ADDRESS	469 WOLDUNN CIR
CITY - ST - ZIP	LAKE MARY, FL 32746
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 01/14/05-80044-020 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: HARRY L. Seligman HARRY SELIGMAN 1/11/2005 407-330-9373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #