


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000004739

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



Principal Place of Business PO BOX 952948 LAKE MARY, FL 32795	Mailing Address PO BOX 952948 LAKE MARY, FL 32795
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01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0781900	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

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 03/29/07-80014-004 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Seligman Harry Seligman 03/14/07 401-330-9373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #