

NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 AM 7:28

DOCUMENT # N17669

(5)

SELEVAN FAMILY FOUNDATION, INC.

Principal Place of Business Mailing Address
~~MICHAEL N. SCHNEIDER~~
~~4215 SOUTHPOINT BLVD., STE. 100~~
~~JACKSONVILLE FL 32216~~
MICHAEL N. SCHNEIDER
4215 SOUTHPOINT BLVD., STE. 100
JACKSONVILLE FL 32216

2. Principal Place of Business 2a. Mailing Address
21 4030 Phillips Highway 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
27
City & State City & State
23 Jacksonville, FL 28
Zip Country Zip Country
24 32207 25 29 30

DO NOT WRITE IN THIS SPACE
3. Date incorporated or Qualified 3a. Date of Last Report
11/05/1986 04/11/1994
4. FEI Number Applied For
59-2742007 Not Applicable
5. Certificate of Status Desired ☐ \$9.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
SCHNEIDER, MICHAEL N.
4215 SOUTHPOINT BLVD.
SUITE 100
JACKSONVILLE FL 32216
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	SELEVAN, BERNARD	1.2 NAME	
STREET ADDRESS	4030 PHILLIPS HIGHWAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	SELEVAN, JACK	2.2 NAME	
STREET ADDRESS	4030 PHILLIPS HIGHWAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	
TITLE	VTS	3.1 TITLE	☐ Change ☐ Addition
NAME	SELEVAN, RUSSELL	3.2 NAME	
STREET ADDRESS	4030 PHILLIPS HIGHWAY	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	SELEVAN, RUSSELL	4.2 NAME	
STREET ADDRESS	4030 PHILLIPS HIGHWAY	4.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(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 017, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: JACK SELEVAN 3/16/95 924-727-5211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR