

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 # N14095

1. Corporation Name

SETZER FAMILY FOUNDATION, INC.

Principal Place of Business

500 Edward Ball Building
Jacksonville, FL 32202-4388

Mailing Address

500 Edward Ball Building
Jacksonville, FL 32202-4388

APPROVED
AND
FILED

96 APR 30 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business

21 50 North Laura Street

Suite, Apt. #, etc.

22 Suite 3900

City & State

23 Jacksonville, FL

Zip

24 32202

Country

25 Duval

2a. Mailing Address

26 50 North Laura Street

Suite, Apt. #, etc.

27 Suite 3900

City & State

28 Jacksonville, FL

Zip

29 32202

Country

30 Duval

3. Date Incorporated or Qualified

3/28/1986

3a. Date of Last Report

5/1/1994

4. FEI Number

59-2685979

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

Selber, Leonard A.
c/o Holland & Knight
50 North Laura St., Suite 3900
Jacksonville, FL 32202

10. Name and Address of New Registered Agent

81 Name

Intrastate Registered Agent Corporation

82 Street Address (P.O. Box Number is Not Acceptable)

701 Brickell Avenue, Suite 3000

83

84 City

Miami

FL

85 Zip Code

33131

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

Donald W. Wallis, Vice President

Donald W. Wallis

4/18/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME Setzer, Leonard R.
STREET ADDRESS 2321 Liberty Street
CITY-ST-ZIP Jacksonville, FL

TITLE D ☐ DELETE

NAME Setzer, Debra
STREET ADDRESS 2321 Liberty Street
CITY-ST-ZIP Jacksonville, FL

TITLE PST ☐ DELETE

NAME Setzer, Leonard R.
STREET ADDRESS 2321 Liberty Street
CITY-ST-ZIP Jacksonville, FL

TITLE VD ☐ DELETE

NAME Selber, Leonard
STREET ADDRESS 2321 Liberty Street
CITY-ST-ZIP Jacksonville, FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Sandra B. Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96
Date

Daytime Phone

CR2E037 (12/95)