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NONPROFIT **CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N14095

SETZER FAMILY FOUNDATION, INC.

APPROVED AND FILED

96 APR 30 AM 10: 53

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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500 Edwa	ce of Business ard Ball Building ville, FL 32202-438		ward <b>B</b> a		ilding 2202-4388	*****	/9601092 61.25 ***	**61.25
						3. Date Incorporated or Qualified 3/28/1986	3a. Date of Las 5/1/19	
	Place of Business	2a. Mailing		_		4. FEI Number		Applied For
Suite, Apt	brth Laura Street	26 50 N	orth La	ura S	treet	59-2685979		Not Applicabl
	e 3900		e 3900			5. Certificate of Status Desired		5 Additional
City & Stat		City & S		<del></del>			Fee	Required
	sonville, FL	28 Jack	sonvill	e, FI	ı	6. Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
Zip	Country	Zip		Cour	ntry	8. This corporation has liability for		
24 3220			2202	30 Du	val		Yes No	1 8. 199.032,
	9. Name and Address of Curre	ent Registered Ag	ent :			10. Name and Address of New Re		
	lber, Leonard A.			]'	B1 Name Intr	castate Registered A	dent Corno	ration
	o Holland & Knight	<b>.</b>		į.	82 Street Acidre	Brickell Avenue, Su	ole)	Tation
50	North Laura St., S	Suite 3900		ļ.,	B3 701	Brickell Avenue, Su	ite 3000	
Jac	cksonville, FL 322	202		1"	p3			
				1	City Mian	o.i	FI 85 33	e Gode
office or ri agent if ar	egistered agent, or both, in the Statem familiar with, and accept the oblid	e of Florida. Such	change was a	ultvorized rich Statu	by the corporation test	pration submits this statement for the pon's board of directors. I hereby accept	ourpose of changing of the appointment a	its registered as registered
SIGNATURE	rollara M. Mattip	· vice rie	sident	por my	141 M	INI KIIINA	4/18/96	
SIGNATURE _	Signature Typed or printed name of registered as	y VICE PIE gent and title if applicable	sident	Registeren	Agent eignature required	d when reinstating)	4/18/96 DATE	
12.	Signature Typed or printed name of registered as OFFICERS AN	y VICE PIE gent and fille if applicable ND DIRECTORS	KNOTE	Registeren /	Agent signature required	INI KIIINA	4/18/96 DATE ERS AND DIRECTO	ORS IN 12
SIGNATURE	Signature Typed or prised came of registered as OFFICERS AND	gent and fille if applicable ND DIRECTORS	sident	13.	Agent signature required	d when reinstating)	4/18/96 DATE	ORS IN 12
12.	Signature typed or prised came of registered as OFFICERS AND Setzer, Leonard F	y VICE Pre pent and fills if applicable ND DIRECTORS	KNOTE	Registered / 13. 1.1 TITLI 1.2 NAM	Agent signature required  E	d when reinstating)	4/18/96 DATE ERS AND DIRECTO	ORS IN 12
12.  TITLE  NAME  STREET ADDRESS	OFFICERS AN  D  Setzer, Leonard F  2321 Liberty Stre	y VICE Pre pent and fills if applicable ND DIRECTORS	KNOTE	13. 1.1 TITU 1.2 NAM 1.3 STRE	Agent signature required  E  E  E  E  ADDRESS	d when reinstating)	4/18/96 DATE ERS AND DIRECTO	DRS IN 12
12.  TITLE  NAME  SYREET ADDRESS  CITY-ST-ZIP	D Setzer, Leonard F 2321 Liberty Stre	y vice Pie	KNOTE	13. 1.1 TITL 1.2 NAM 1.3 STRE 1.4 CITY	Agent signature required  E IE SET ADDRESS - ST-ZIP	d when reinstating)	4/18/96 DATE ERS AND DIRECTO	DRS IN 12
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