FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # N1
1. Corporation Name

N14095

(6)

SETZER FAMILY FOUNDATION, INC.

FILED										
May 19 1998 8:00am										
Secretary of State										

Principal Place of Business Mailing Address						1	i iskilini ani ilali gjeli nelin laini	01(1 E181) 4 191(ENI OLA	ST WINTS FORE	
SO NORTH LAU SUITE 3900		50 NORTH LAURA STREET SUITE 3900				3.	Date Incorporated or Qualified 03/28/1986					
JACKSONVILLE	FL 32202	JACKSONVILLE FL 32202	JACKSONVILLE FL 32202			4.	FEI Number		\Box	Apr	olied For	
							59-2685979			Not	Applicable	
2. Principal P	lace of Business	2a. Mailing Address 26				5.	Certificate of Status Desired				dditional quired	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				6.	Election Campaign Financing Trust Fund Contribution				lay Be Fees	
City & Stat	9	City & State				7. Is this nonprofit corporation a homeowners association?						
23		28						Yes 🔀	No			
Zip	Country	Zip	Countr	ry		8.	This corporation owes or has pa					
24	9. Name and Address of Curre		30			1	Personal Property Tax due June Name and Address of New Re		Yes	⊔	No	
-	9. Name and Address of Curre	ut vedistelen våeut	8.	1 1	Name	10.	Marie and Address of New He	Aletelen v	Bour			
MITDACI	TATE REGISTERED AGENT CO	DDODATION	L.									
į		TPURATION	8	2 :	Street Addres	ss (P	P.O. Box Number is Not Acceptal	ole)				
701 BRICKELL AVENUE SUITE 3000				3			· · · · · · · · · · · · · · · · · · ·	· · · · · ·				
MAMI F	-		L	┸								
1440 Mill 1	2 00101		84	4 '	City			FL	85	Zip C	ode	
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Statutes	s, the abo	ve-r	named corpo	ratio	on submits this statement for the	ourpose of	changi	ng its	registered	
office or r	egistered agent, or both, in the Stat m familiar with, and accept the obligion	ie of Florida. Such change was au gations of Section 617 0503. Flori	ithorized t ida Statute	by th	he corporation	on's b	board of directors. I hereby acce	pt the appo	intmen	ıt as r	egistered	
*	the second with and accopt the con-	gations of, occupit of the occupit for	,00 0101011	٠.								
SIGNATURE .	Signature typed or printed name of registered a	gent and title if applicable. (NOTE:	Registered A	gent	signature required			DATE				
12.	OFFICERS AI	ND DIRECTORS	13.			- 1	ADDITIONS/CHANGES TO OFFIC					
TITLE	D	DELETÉ	1.1 TITLE						Char	nge	Addition	
NAME	40.00.4 0.00.4		1.2 NAME	E								
STREET ADDRESS	•••		1.3 STRE	ET AC	DORESS							
CITY-ST-ZIP			1.4 CITY-		ZIP				Char		Addition	
TITLE			2.1 TITLE							ilge	L_J ROGILION	
NAME	\$ ETZER, LEONARD R 9 03 University BLVD N.		2.2 NAME									
STREET ADDRESS	JACKSONVILLE FL 32211		2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP									
CITY-ST-ZIP TITLE	VD DELETE 31				· ZIP		·		Char	noe	Addition	
NAME	SELBER, LEONARD				İ			,	_			
PART LAUDA OTDETT OTT 0000					ODRESS							
CITY-ST-ZIP	JACKSONVILLE FL 32202	0000	3.4. CITY		l l							
TITLE		DELETE	4.1 TITLE	_					Char	nge	Addition	
NAME			4. 2 NAM	1E								
STREET ADDRESS			4.3 STRE	et ac	DDRESS							
CITY-ST-ZIP			4.4 CiTY-	- ST-	ZIP			<u> </u>				
TITLE	DELETE 5.1 T		5.1 TITLE	:					Char	nge	Addition	
NAME			5.2 NAMI	E								
STREET ADDRESS	5.3.\$			ET AC	DDRESS							
CITY-ST-ZIP			5.4 CITY-	- ST-	ZIP							
TITLE		☐ DE LETE	6.1 TITLE					l	Char	nge	Addition	
NAME			6.2 NAME	E								
STREET ADDRESS			6.3 STRE	ET AC	DDRESS							
CITY-ST-ZIP		with this filling days and a self-	6.4 CITY	-ST-	ZIP Control in C	2001	on 110 07/2\/i) Florido Ctot dos	further e	ify the	ı the	information	
indicated officer or	certify that the information supplied on this annual report or supplemen director of the corporation or the re or Block 13 if changed, or on an att	ital annual report is true and accu ceiver or trustee emp owered to ex	irate and t	that	my signature	e sha	all have the same legal effect as I	t made und	ier oatr	n; tha	itiam an	