

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14095

1. Corporation Name

SETZER FAMILY FOUNDATION, INC.

Principal Place of Business

50 NORTH LAURA STREET
SUITE 3900
JACKSONVILLE FL 32202

Mailing Address

50 NORTH LAURA STREET
SUITE 3900
JACKSONVILLE FL 32202



APPROVED
AND
FILED

99 MAR -9 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0000650

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/28/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2685979	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE SUITE 3000 MIAMI FL 33131				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SETZER, DEBRA	1.2 NAME	
STREET ADDRESS	903 UNIVERSITY BLVD N.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32211	1.4 CITY-ST-ZIP	
TITLE	PSTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SETZER, LEONARD R	2.2 NAME	200002799392--0
STREET ADDRESS	903 UNIVERSITY BLVD N.	2.3 STREET ADDRESS	-03/09/99--01054--029
CITY-ST-ZIP	JACKSONVILLE FL 32211	2.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELBER, LEONARD	3.2 NAME	
STREET ADDRESS	50 N. LAURA STREET., STE 3900	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Scanned Signature*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)