## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N17669

FILED Apr 24, 2005 Secretary of State

Entity Name: SELEVAN FAMILY FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4030 PHILLIPS HWY

JACKSONVILLE, FL 32207 US

Current Mailing Address: New Mailing Address:

PO BOX 551260

JACKSONVILLE, FL 32255

FEI Number: 59-2742007 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHNEIDER, MICHAEL N. 5150 BELFORT ROAD BLDG 100 JACKSONVILLE, FL 32256 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete Title: DPT (X) Change ( ) Addition Name: SELEVAN, JACK, Name: SELEVAN, JACK

Name: SELEVAN, JACK, Name: SELEVAN, JACK
Address: 4030 PHILLIPS HIGHWAY Address: 4030 PHILLIPS HIGHWAY
City-St-Zip: JACKSONVILLE, FL City-St-Zip: JACKSONVILLE, FL

Title: DVS () Delete Title: DVS (X) Change () Addition

Name:SELEVAN, RUSSELL,Name:SELEVAN, RUSSELLAddress:4030 PHILLIPS HIGHWAYAddress:4030 PHILLIPS HIGHWAYCity-St-Zip:JACKSONVILLE, FLCity-St-Zip:JACKSONVILLE, FL

Title: D () Delete Title: D (X) Change () Addition

Name:SELEVAN, RÚSSELL,Name:SELEVAN, RÚSSELLAddress:4030 PHILLIPS HIGHWAYAddress:4030 PHILLIPS HIGHWAYCity-St-Zip:JACKSONVILLE, FLCity-St-Zip:JACKSONVILLE, FL

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 SELEVAN, MARK
 Name:

 Address:
 4030 PHILLIPS HIGHWAY
 Address:

 City-St-Zip:
 JACKSONVILLE, FL
 City-St-Zip:

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 SELEVAN, ANDREW
 Name:

 Address:
 4030 PHILLIPS HIGHWAY
 Address:

 City-St-Zip:
 JACKSONVILLE, FL
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK SELEVAN DPT 04/24/2005