

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N14095**

1. Entity Name  
**SETZER FAMILY FOUNDATION, INC.**



Principal Place of Business  
**C/O L.R.S. CO.  
903 UNIVERSITY BLVD N  
JACKSONVILLE, FL 32211-5529**

Mailing Address  
**C/O L.R.S. CO.  
903 UNIVERSITY BLVD N  
JACKSONVILLE, FL 32211**



04212005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2685979**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SETZER, LEONARD R  
903 UNIVERSITY BLVD N  
JACKSONVILLE, FL 32211-5529**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	SETZER, DEBRA
STREET ADDRESS	903 UNIVERSITY BLVD N.
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	PSTD
NAME	SETZER, LEONARD R
STREET ADDRESS	903 UNIVERSITY BLVD N.
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	VD
NAME	SELBER, LEONARD
STREET ADDRESS	50 N. LAURA STREET., STE 3900
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/05/05-80083-025 150.00

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #