

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 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**



01052007 No Chg-NP CR2E037 (4/06)

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, 2007**

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	

U000000589492
01/18/07-80017-015 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Leonard R. Setzer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leonard R. Setzer

904 743-0880

Date **1.10.07** Daytime Phone #