

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000004739

**FILED**  
**Mar 16, 2023**  
**Secretary of State**  
**3472026650CC**

**Entity Name:** THE DAN SELIGMAN FAMILY CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

469 WOLDUNN CIRCLE  
LAKE MARY, FL 32746

**Current Mailing Address:**

PO BOX 952948  
LAKE MARY, FL 32795

**FEI Number:** 65-0781900

**Certificate of Status Desired:** No

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

ASARCH, STEVEN J  
20283 STATE ROAD7  
SUITE 400  
BOCA RATON, FL 33498 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

**Officer/Director Detail :**

Title P, D, S, T  
Name SELIGMAN, ARLENE  
Address 469 WOLDUNN CIRCLE  
City-State-Zip: LAKE MARY FL 32746

Title D  
Name MULLER, DEBORAH S.  
Address 1738 BRACKENHURST PLACE  
City-State-Zip: LAKE MARY FL 32746

Title D  
Name KEY, MELANIE  
Address 1895 GENOVA DRIVE  
City-State-Zip: OVIEDO FL 32776

*I hereby 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 all other like empowered.*

**SIGNATURE:** ARLENE SELIGMAN

**PRESIDENT**

**03/16/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date