FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997

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FLORIDA DEPARTMENT OF STATE

FILED

Apr 21 1997 8:00am

Secretary of State

Change

Change

Change

Change

■ Addition

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Addition

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 763391

(0)

SEYMOUR R. MARCO FAMILY FOUNDATION, INC.

ANSBACHER, LEWIS SEC-TST 4215 SOUTHPOINT BLVD

MARCO, DAVID A TRUSTEE

801 N ST JOHNS BLUFF RD

MARCO, CAROLYN C TRUSTEE

1596 LANCASTER TERR

MARCO, CHARON TRUSTEE

7901 E BAYMEADOWS CIR

JACKSONVILLE FL

JACKSONVILLE FL

JACKSONVILLE FL

JACKSONVILLE FL

Principal Place of Business Mailing Address						F TO DITHE CAREND CHANGE ANNOW INTHOUGHT HOLD STALL EVENT OID HE GLOST GIVEN DODY	
P.O. BOX 16938 P.O. BOX 16938 JACKSONVILLE FL 32216 JACKSONVILLE FL 3224			i-6938	938			
e de la companya de l						3. Date Incorporated or Qualified 05/21/1982	Date of Last Report 05/01/1996
2. Principal P	Place of Business	2a. Maiting Address 26				4. FEI Number 59-2197357	Applied For Not Applicable
Sulte, Apt.	,	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Stat 23	6	City & State 28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip 29	├ ─¬ '			This corporation has liability for intangular florida Statutes	gible jax under s. 199.032, s X) No
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Registe	ered Agent
ANSBACHER, LEWIS 4215 SOUTHPOINT BLVD SUITE 100 JACKSONVILLE FL 32216				' FL " '			┡┺┈
11. Pursuant office or agent. I a	to the provisions of Sections 617, registered agent, or both, in the S am familiar with, and accept the of	0502 and 617.1508, Florida Stal tate of Florida. Such change wa bligations of, Section 617.0503,	tutes, the s authori Florida S	above zed by tatutes	e-named co the corpor s.	orporation submits this statement for the purporation's board of directors. I hereby accept the	se of changing its registered appointment as registered
SIGNATURE		d agent and tille II applicable. (N	IOTE: Rogist	ered Age	nt signature req	gulred when reinstating) DA	ATE
12.	OFFICERS AND DIRECTORS 13			3.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	ITD	☐ DELETE	DELETE 1.1				Change Addition
NAME	SHORTEIN, JACK F TR-TST 12		NAME				
STREET ADDRESS			1.3 STREET ADDRESS				
CITY-ST-ZIP			1 CITY-S	r-ziP			
TITLE	STD	DELETE	2.1	TITLE			Change Addition

3.1 TITLE

3.2 NAME

4.1 TITLE

4, 2 NAME

5,1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

DELETE

DELETE

DELETE

DELETE

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY - S1 - ZIP

4.4 CITY-ST-ZIP

3.4. CHTY-ST-ZIP

2.4 CITY - ST-ZIP

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. To hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this affinual 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 directed of the corporation or the reportse 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.