

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000006006 (0)

1. Corporation Name

SEI CHARITABLE FOUNDATION, INC.



Principal Place of Business

Mailing Address

**100 N TAMPA ST SUITE 3900
TAMPA FL 33602**

**100 N TAMPA ST SUITE 3900
TAMPA FL 33602**

3. Date Incorporated or Qualified
12/07/1994

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21 901 S. Newport Avenue

26 901 S. Newport Avenue

4. FEI Number

59-3283042

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

22

27

6. Election Campaign Financing

☐

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

City & State

City & State

23 Tampa, Florida

28 Tampa, Florida

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

Zip

Country

Zip

Country

24 33606

25 U.S.A.

29 33606

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROBBINS, R JAMES JR
101 E KENNEDY BLVD SUITE 3700
TAMPA FL 33602**

81 Name

Kenneth J. Meister

82 Street Address (P.O. Box Number is Not Acceptable)

100 North Tampa Street

83

Suite 2700

84

City

Tampa

FL

85

Zip Code

33602

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]

Kenneth J. Meister, Esq.

April 30, 1996

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SYKES, JOHN H	
STREET ADDRESS	100 N TAMPA ST SUITE 3900	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BENDERT, SCOTT J	
STREET ADDRESS	100 N TAMPA ST SUITE 3900	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CAMERON, SUSAN	
STREET ADDRESS	100 N TAMPA ST SUITE 3900	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Susan W. Sykes	
1.3 STREET ADDRESS	901 S. Newport Avenue	
1.4 CITY-ST-ZIP	Tampa, FL 33606	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Kay S. Saville	
2.3 STREET ADDRESS	851 S. Boulevard	
2.4 CITY-ST-ZIP	Tampa, FL 33606	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Barbara N. Wilcox	
3.3 STREET ADDRESS	13533 Bay Lake Lane	
3.4 CITY-ST-ZIP	Tampa, FL 33618	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Susan W. Sykes, President/Treasurer/Director

4-30-96

Date

813-229-8299

Daytime Phone #

CR2E037 (12/95)