FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

N96000006014 (2)

THE SEIDLER FOUNDATION, INC.

Principal Place of Business Mailing Address							F SANTYANI AIR IBION AIDIT ANDI ENINE A	Siti abolt 28	isk årjer dårbt	11911 6181 1881	
5001 JOEWOOD DRIVE SANIBEL FL 33957				5001 JOEWOOD DRIVE SANIBEL FL 33957-7512							
								3. Date incorporated or Qualified 11/25/1996	3a. Da	ate of Last F	Report
2. Principal Place of Business				2a. Mailing Address				4. FEI Number	-		pplied For
21				26						XN	ot Applicable
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required			
City & State				City & State				6. Election Campaign Financing \$5.00 May Be			
23			28	1 1			Trust Fund Contribution Added to Fees				
Zip	ip Country		<u> </u>	Zip Cou			•	8. This corporation has liability for intangible tax under s. 199.		. 199.032,	
24	25		29						Yes X No		
9. Name and Address of Current R								10. Name and Address of New Re	pistered /	Agent	
		81 Name									
SEIDLER, LEE J 5001 JOEWOOD DRIVE				82 S			Street Addr	ess (P.O. Box Number is Not Acceptab	le)		
SANIBEL FL 33957						83					
						84			FL		Code
11. Pursuant t office or re agent. Lar	o the provis egistered ag n familiar w	sions of Sections 617 gent, or both, in the S ith, and accept the o	0502 and 6 tate of Floric bligations of	17.1508, Florida Statu la. Such change was , Section 617.0503, F	ites, the a authorize lorida Sta	bove d by tutes	e-named corp y the corporati s.	oration submits this statement for the p ion's board of directors. I hereby accep	urpose of it the app	changing i ointment as	rts registered s registered
SIGNATURE Signature: typed or pricted name of registered agent and title if appricable. (NOTE: Registered Agent 12. OFFICERS AND DIRECTORS 13.									DATE		
12.		OFFICERS	AND DIREC	DELETE	13.	- F		ADDITIONS/CHANGES TO OFFIC	ERS ANL		
1)TLE	D	A 165 1		m Dereic		ITLE				L Change	L Addition
NAME				1.2 NAME			İ				
STREET ADDRESS 5001 JOEWOOD DRIVE							ADDRESS				ļ
CITY-ST-ZIP							ST-ZIP			TT Change	E delision
TITLE	D D			☐ DETEIF	2.11					Change	Addition
NAME	SEIDLER, LYNN L					iame 			4		
STREET ADDRESS				·			ADDRESS	• •	1		
CITY-ST-ZIP							ST-ZIP			1 0	
TITLE	D	D 141000 17		DELETE	3.11					Change	Addition
NAME	SEIDLER, LAURIE K			3.2 N							
STREET ADDRESS	***************************************			I *** -			T ADDRESS				
CITY-ST-ZIP	SANIBE	L FL 33957		C occurr			ST-ZIP			T 1 01	A-Propos
TITLE				☐ DELETE		TLE				L Change	☐ Addition
NAME						NAME					ļ
STREET ADDRESS							T ADORESS				
CiTY - ST - ZiP				DELETE			ST-ZIP				# # #### # ##### # ###############
TITLE				☐ Dereif		ITLE				Change	Addition
NAME.						IAME					
STREET ADDRESS							T ADDRESS				
CITY - ST - ZIP							ST-ZIP			T-12	———
TITLE				DELETE		TITLE				☐ Change	☐ Addition
NAME					6.21	NAME					
STREET ADDRESS					6.3 9	STREET	ADDRESS				

14. I do 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 annual report of 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 of 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 charted or on an attachment with an address.

SIGNATURE: LEE JI SEVALAN, DINCETON - 2/16/97

(941) 472-0507

FILED

Mar 04 1997 8:00am

Secretary of State