

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90132 009 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000000229

1. Corporation Name

THE SEDACCA FOUNDATION, INC.

Principal Place of Business

% JOHN GULLMAN, GSR PARTNERS
5300 NW 33RD AVE., STE. 118
FT. LAUDERDALE FL 33309

Mailing Address

% JOHN GULLMAN, GSR PARTNERS
5300 NW 33RD AVE., STE. 118
FT. LAUDERDALE FL 33309



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
01/10/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0727215

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARCONI, ROBERT M
13320 SW 128 ST.
MIAMI FL 33186

81 Name

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

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE
NAME **GULLMAN, JOHN**
STREET ADDRESS **5300 NW 33 AVE., STE. 118**
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **DS** ☐ DELETE
NAME **ROBINSON, TIMOTHY**
STREET ADDRESS **5300 NW 33 AVE., STE. 118**
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **DT** ☐ DELETE
NAME **MARCONI, ROBERT M**
STREET ADDRESS **13320 SW 128 ST.**
CITY-ST-ZIP **MIAMI FL 33186**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **SEDACCA, DORIS**
STREET ADDRESS **333 NE 103 ST.**
CITY-ST-ZIP **MIAMI SHORES FL 33186**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **NUGENT, LAURA**
STREET ADDRESS **8044 SW 158 TERR.**
CITY-ST-ZIP **MIAMI FL 33157**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/99 **954-735-5730**
Date Daytime Phone #

CR2E037 (11/98)