


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000004739 1. Entity Name THE DAN SELIGMAN FAMILY CHARITABLE FOUNDATION, INC.	
--	---

Principal Place of Business PO BOX 952948 LAKE MARY, FL 32795	Mailing Address PO BOX 952948 LAKE MARY, FL 32795
---	---



01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0781900	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent ASARCH, STEVEN J 1900 NW CORPORATE BOULEVARD SUITE 400 EAST BOCA RATON, FL 33431	DO NOT WRITE IN THIS SPACE
--	---------------------------------------

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SOLOMON, ALLAN B 2200 NW CORPORATE BLVD, #310 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SELIGMAN, CYNTHIA 420 TURNBERRY CIRCLE OXFORD, MS 386552568
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS SELIGMAN, HARRY L 469 WOLDUNN CIR LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000181345
01/14/05-80044-020 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Harry L. Seligman* **HARRY SELIGMAN** 1/11/2005 407-330-9373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #