FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N97000007096 (7)

THE SEIDLER FAMILY FOUNDATION, INC.

FILED

98 MAR 18 AM 11:49

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address									
5561 N.E. 31ST FORT LAUDERD		****	5561 N.E. 31ST AVENUE FORT LAUDERDALE FL 33308			3. Date Incorporated or Qualified 12/22/1997			
						4. FEI Number Applied	Fo <u>r</u>		
						65-0801281 Not App	licable		
	lace of Business	2a. Mailin	g Address	·		5. Certificate of Status Desired S8.75 Addition	onal		
21		26				Fee Required			
Sulte, Apt.	#, etc.	Suite,	Apt. #, etc.			Election Campaign Financing \$5.00 May B	le e		
22		27				Trust Fund Contribution	3		
City & State	8	City &	City & State			7. Is this nonprofit corporation a homeowners association?			
23		28				☐ Yes 🕱 No			
Zip	Country	Zip	ļ	Country	′	8. This corporation owes or has paid the current year intangib	le		
24	25	29		30		Personal Property Tax due June 30. Yes No			
	9. Name and Addres	s of Current Registered A	(gent	81	None	10. Name and Address of New Registered Agent			
A=10. =0	. AADU			101	Nam	ame	- 1		
SEIDLER, GARY				82	82 Street Address (P.O. Box Number is Not Acceptable)				
	. 31ST AVENUE								
FORT LA	NU DE RDALE FL 33308			83					
				84	City	ity 85 Zip Code			
				1	1	FL "			
11. Pursuant	to the provisions of Section	ons 617.0502 and 617.1508	3, Florida Statute	s, the abov	e-name	amed corporation submits this statement for the purpose of changing its regise corporation's board of directors. I hereby accept the appointment as regist	stered		
agent. I a	m familiar with, and acce	pt the obligations of, Section	on 617.0503, Flo	rida Statute	/ 1110 CC S.	corporation a poard or directors. Thereby accept the appointment as regist	.0010.		
SIGNATURE									
		of registered agent and title if applicat	ole. (NOTE		nt eignat	gnature required when reinstating) DATE			
12.		FICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1			
TITLE	D ATIDI TO 4 4414		☐ DELETE	1.1 TITLE		☐ Change ☐	Addition		
NAME	SEIDLER, LANA	PL 11 (P		1.2 NAME];		
STREET ADDRESS	5561 N.E. 31ST AV			1.3 STREET	ADDRES	RESS	Į)		
CITY-ST-ZIP	FORT LAUDERDALE	: FL 33308		1.4 CITY-S	T-ZIP				
TITLE	D		☐ DELETE	2.1 TITLE		Change	Addition		
NAME	SEIDLER, GARY			2.2 NAME			ł		
STREET ADDRESS	5561 N.E. 31ST AV			2.3 STREET	ADDRES	ress / X/ 7/ /X /OX			
CITY-ST-ZIP	FORT LAUDERDALE	FL 33308		2.4 CITY-	ST - ZIP	$P = \frac{(XB)/(V/I)}{(XB)}$			
TITLE	ס		DELETE	3.1 TITLE		Change D	Addition		
NAME	SHAYNE, RONALD			3.2 NAME		000000465540	- 23		
STREET ADDRESS	4560 S.W. 148 TER			3.3 STREET	ADDRESS	B00002465548 -03/23/9801121003	-		
CITY-ST-ZIP	PEMBROKE PINES	FL 33027-3321		3.4. CITY -	ST-ZIP	******61.25 *****61.2	סכ		
TITLE	<u> </u>		DELETE	4.1 TITLE			Addition		
NAME				4. 2 NAME			ŀ		
STREET ADDRESS				4.3 STREET	ADDRESS	AESS (ł		
CITY-ST-ZIP				4.4 CITY-S	T-71P		l		
TITLE			DELETE	5.1 TITLE			Addition		
NAME				5.2 NAME			1		
STREET ADDRESS				5.3 STREET	ADDRES!	RESS			
CITY-ST-ZIP				5.4 CITY-S			ſ		
TITLE			DELETE	6.1 TITLE	4"		Addition		
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREET	Annocce	9250	ļ		
				6.4 CITY-S		}	1		
CITY-ST-ZIP	entify that the information	supplied with this filing do	es not qualify for			stated in Section 119.07(3)(i). Florida Statutes. I further certify that the inform	nation		

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 opporation or the viceiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed, or on pattachapent with an address.