


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000007225 1. Entity Name THE SEAMAN FAMILY FOUNDATION, INC.	
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Principal Place of Business 11540 HIGHWAY 92 EAST SEFFNER, FL 33584	Mailing Address 11540 HIGHWAY 92 EAST SEFFNER, FL 33584
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DO NOT WRITE IN THIS SPACE

01052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3631102	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRETT, HENDREE ESQ.
 1700 S. MADISON AVENUE - STE. 200
 TAMPA, FL 33629

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

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	DS SEAMAN, JULIE 11540 HIGHWAY 92 EAST SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SEAMAN, JEFFREY 11540 HIGHWAY 92 EAST SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEIN, LEWIS 11540 US HWY 92 EAST SEFFNER, FL 33584
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  /LEWIS STEIN - Director 1/26/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #