

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000007225

1. Entity Name
THE SEAMAN FAMILY FOUNDATION, INC.



Principal Place of Business
11540 HIGHWAY 92 EAST
SEFFNER, FL 33584

Mailing Address
11540 HIGHWAY 92 EAST
SEFFNER, FL 33584



01102008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3631102

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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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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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DS
NAME SEAMAN, JULIE
STREET ADDRESS 11540 HIGHWAY 92 EAST
CITY-ST-ZIP SEFFNER, FL 33584

TITLE DP
NAME SEAMAN, JEFFREY
STREET ADDRESS 11540 HIGHWAY 92 EAST
CITY-ST-ZIP SEFFNER, FL 33584

TITLE D
NAME STEIN, LEWIS
STREET ADDRESS 11540 US HWY 92 EAST
CITY-ST-ZIP SEFFNER, FL 33584

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000950146
06/03/08-80057-014 61.25

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #