

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N11159

1. Entity Name  
MACK AND ELEANOR LEWIS FAMILY FOUNDATION,  
INC.



Principal Place of Business  
715 BUENA VISTA BLVD  
PANAMA CITY, FL 32401

Mailing Address  
P O BOX 2523  
PANAMA CITY, FL 32402 US



01092004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2604288

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEWIS, ELEANOR W.  
715 BUENA VISTA BLVD  
PANAMA CITY, FL 32401

**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, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME LEWIS, ELEANOR  
STREET ADDRESS 715 BUENA VISTA BLVD  
CITY-ST-ZIP PANAMA CITY, FL 32401

TITLE STD  
NAME MOORE, NANCY L.  
STREET ADDRESS 1200 W BEACH DR  
CITY-ST-ZIP PANAMA CITY, FL 32401

TITLE VPD  
NAME MOORE, JOE F.  
STREET ADDRESS 1200 W BEACH DR  
CITY-ST-ZIP PANAMA CITY, FL 32401

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000010403  
01/22/04-90033-003 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 119.07(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:

*Nancy Lewis Moore, Secretary*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-04 850-735-0952