


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N11159</b>		
1. Entity Name <b>MACK AND ELEANOR LEWIS FAMILY FOUNDATION, INC.</b>		

Principal Place of Business <b>715 BUENA VISTA BLVD PANAMA CITY, FL 32401</b>	Mailing Address <b>P O BOX 2523 PANAMA CITY, FL 32402 US</b>
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04212005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2604288</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>LEWIS, ELEANOR W. 715 BUENA VISTA BLVD PANAMA CITY, FL 32401</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEWIS, ELEANOR 715 BUENA VISTA BLVD PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MOORE, NANCY L. 1200 W BEACH DR PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MOORE, JOE F. 1200 W BEACH DR 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	

<b>DO NOT WRITE IN THIS SPACE</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 authority empowered.

**SIGNATURE:** *Eleanor W. Lewis* **Eleanor W. Lewis** 4-29-05 850 785864/  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #