


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 26, 2006 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
DO NOT WRITE IN THIS SPACE		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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		
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: <u><i>Nancy L Moore</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4-25-06</u> Daytime Phone # _____



04192006 No Chg-NP CR2E037 (11/05)

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

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05/08/06-80012-020 61.25

**DO NOT WRITE
IN THIS SPACE**