

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11159

**FILED**  
**Mar 15, 2010**  
**Secretary of State**

**Entity Name:** MACK AND ELEANOR LEWIS FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

715 BUENA VISTA BLVD  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 2523  
PANAMA CITY, FL 32402 US

**New Mailing Address:**

**FEI Number:** 59-2604288

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LEWIS, ELEANOR  
Address: 715 BUENA VISTA BLVD  
City-St-Zip: PANAMA CITY, FL 32401

Title: STD  
Name: MOORE, NANCY L.  
Address: 1200 W BEACH DR  
City-St-Zip: PANAMA CITY, FL 32401

Title: VPD  
Name: MOORE, JOE F.  
Address: 1200 W BEACH DR  
City-St-Zip: PANAMA CITY, FL 32401

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOE F. MOORE

VPD

03/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date