2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2004 8:00 am **Secretary of State**

02-25-2004 90024 030 ****61.25

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Principal Place of Business 316 S BAYLEN ST

6TH FLOOR PENSACOLA, FL 32501 US

DOCUMENT # N47516

LEVIN & PAPANTONIO FAMILY FOUNDATION, INC.

Mailing Address

316 S BAYLEN ST **6TH FLOOR**

PENSACOLA, FL 32501 US

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2. Principal F 316 SO	3. Mailing Address 316 SOUTH F	Mailing Address 16 SOUTH BAYLEN STREET			1 (4 4 4 1 4 1 4 1					
Suite, Apt. 6TH FL	#, etc.	Suite, Apt. #, etc. 6TH FLOOR			02192004	Chg-NP	CR2E037	7 (10/03)		
City & State		City & State			4. FEI Numbe	or		ΙΔn	plied For	
•	OLA, FL	PENSACOLA, FL			59-310				t Applicable	
Zip 32502	Country	Zip 32502	Coun			5. Certificate	of Status Desire		8.75 Add	fitional
	6. Name and Address of Current Re		<u></u>	· -	7. Name and Address of New Registered Agent					
		<u> </u>		Name					,	
	H BAYLEN STREET, SUITE 600			LEVIN, MARTIN H. Street Address (P.O. Box Number is Not Acceptable) 316 SOUTH BAYLEN STREET						
PENSACC	DLA, FL 32501			6TH FLOOR						
				PENS	NSACOLA FL Zip Code				1	
8. The above the obligat	named entity submits this statement for thions of registered agent.	e purpose of changing its	registere	ed office or	registere	ed agent, or bot	h, in the State o	f Florida. I am fa	325 miliar with,	and accept
_	*									
SIGNATURE .	<u> </u>									
4.	Signature, typed or printed name of registered agent and	title il applicable. (NOTE	: Aegistere	d Agent signatu	required v	when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE		_
7	Filing Fee is \$61.25	9. Election Can	nnaign E	inancino		6 5.00 · · ·	277476	Make check	es aces	CHUTYEL
•	Due by May 1, 2004	Trust Fund C				\$5.00 May B Added to Fees	e F	lorida Departr	payable to nent of St	ate
10.	OFFICERS AND DIREC	TORS	11.				क्षित्रकर प्रकारक में अ	ICERS AND DIRE	and the second	经验证金额
TITLE	PD	☐ Delete	TITLE		PD	00111014070117	NOLS TO OTT		Change	Addition
NAME	LEVIN, MARTIN H	<u> </u>	NAM	1	LEV	IN, MAF	RTIN H.		A onlingo	- Addition
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TITLE	VP	☐ Delete	TITLE		VP				⊠ Change	Addition
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NAME	LOGAN FLACK		NAME		_	AN, FLA	CK	'	EQ Onlings	
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TITLE	D	☐ Delete	TITLE		D				Change	☐ Addition
NAME	PAPANTONIO MICHAEL		NAME	:	PAP	ANTONIC	, MICH	AEL		!
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NAME STREET ADDRESS	•		NAME							
CITY-ST-ZIP				T ADDRESS ST-ZIP						
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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 an other-like empowered. 850-

SIGNATURE:

PENNAME OF SIGNING OFFICER OR DIRECTOR

435-7000

Daytime Phone #