

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # N47516

1. Entity Name
LEVIN & PAPANTONIO FAMILY FOUNDATION, INC.



Principal Place of Business
**316 S BAYLEN ST
6TH FLOOR
PENSACOLA, FL 32501 US**

Mailing Address
**316 S BAYLEN ST
6TH FLOOR
PENSACOLA, FL 32501 US**

54011021



2. Principal Place of Business
316 SOUTH BAYLEN STREET

3. Mailing Address
316 SOUTH BAYLEN STREET

Suite, Apt. #, etc.
6TH FLOOR

Suite, Apt. #, etc.
6TH FLOOR

02192004 Chg-NP CR2E037 (10/03)

City & State
PENSACOLA, FL

City & State
PENSACOLA, FL

4. FEI Number
59-3107428

Applied For
Not Applicable

Zip
32502

Country

Zip
32502

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LEVIN, MARTIN H.
316 SOUTH BAYLEN STREET, SUITE 600
PENSACOLA, FL 32501**

7. Name and Address of New Registered Agent

Name
LEVIN, MARTIN H.
Street Address (P.O. Box Number is Not Acceptable)
**316 SOUTH BAYLEN STREET
6TH FLOOR
PENSACOLA**

FL Zip Code
32502

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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LEVIN, MARTIN H
316 SOUTH BAYLEN STREET, SUITE 600
PENSACOLA, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
LEVIN, MARTIN H
316 SOUTH BAYLEN STREET, SUITE 600
PENSACOLA, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
LOGAN FLACK
316 SOUTH BAYLEN STREET, SUITE 600
PENSACOLA, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
LOGAN FLACK
316 SOUTH BAYLEN STREET, SUITE 600
PENSACOLA, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PAPANTONIO MICHAEL
316 SOUTH BAYLEN STREET, SUITE 600
PENSACOLA, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LEVIN, MARTIN H.
316 SOUTH BAYLEN STREET, 6TH FLOOR
PENSACOLA, FL 32502** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
LEVIN, MARTIN H.
316 SOUTH BAYLEN STREET, 6TH FLOOR
PENSACOLA, FL 32502** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
LOGAN, FLACK
316 SOUTH BAYLEN STREET, 6TH FLOOR
PENSACOLA, FL 32502** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
LOGAN, FLACK
316 SOUTH BAYLEN STREET, 6TH FLOOR
PENSACOLA, FL 32502** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PAPANTONIO, MICHAEL
316 SOUTH BAYLEN STREET, 6TH FLOOR
PENSACOLA, FL 32502** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/04

Date

**850 -
435-7000**

Daytime Phone #