

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N47516**

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



Principal Place of Business  
**316 S BAYLEN ST  
6TH FLOOR  
PENSACOLA, FL 32502 US**

Mailing Address  
**316 S BAYLEN ST  
6TH FLOOR  
PENSACOLA, FL 32502 US**



02182005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-3107428** Applied For  
Not Applicable

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  
6TH FLR  
PENSACOLA, FL 32502**

**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

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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME LEVIN, MARTIN H  
STREET ADDRESS 316 S BAYLEN ST, 6TH FLR  
CITY-ST-ZIP PENSACOLA, FL 32502

TITLE VP  
NAME LEVIN, MARTIN H  
STREET ADDRESS 316 S BAYLEN ST, 6TH FLR  
CITY-ST-ZIP PENSACOLA, FL 32502

TITLE SD  
NAME LOGAN FLACK  
STREET ADDRESS 316 S BAYLEN ST, 6TH FLR  
CITY-ST-ZIP PENSACOLA, FL 32502

TITLE T  
NAME LOGAN FLACK  
STREET ADDRESS 316 S BAYLEN ST, 6TH FLR  
CITY-ST-ZIP PENSACOLA, FL 32502

TITLE D  
NAME PAPANTONIO MICHAEL  
STREET ADDRESS 315 S BAYLEN ST, 6TH FLR  
CITY-ST-ZIP PENSACOLA, FL 32502

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 other like empowered

**SIGNATURE:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/22/05*  
Date

*850  
435-7157*  
Daytime Phone #