

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90007 022 ****61.25

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LEVIN, MARTIN H. 316 SOUTH BAYLEN STREET 6TH FLR PENSACOLA, FL 32502			Name SUZANNE G. PAGE Street Address (P.O. Box Number is Not Acceptable) 316 SOUTH BAYLEN STREET 6TH FLOOR City PENSACOLA FL Zip 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 <u><i>Suzanne G. Page</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>2/21/2006</u> <small>(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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVIN, MARTIN H 316 S BAYLEN ST, 6TH FLR PENSACOLA, FL 32502 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEVIN, MARTIN H 316 S BAYLEN ST, 6TH FLR PENSACOLA, FL 32502 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOGAN FLACK 316 S BAYLEN ST, 6TH FLR PENSACOLA, FL 32502 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PAGE, SUZANNE G. 316 S. BAYLEN ST., 6TH FLR PENSACOLA, FL 32502 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOGAN FLACK 316 S BAYLEN ST, 6TH FLR PENSACOLA, FL 32502 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PAGE, SUZANNE G. 316 S. BAYLEN ST., 6TH FLR PENSACOLA, FL 32502 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAPANTONIO MICHAEL 315 S BAYLEN ST, 6TH FLR PENSACOLA, FL 32502 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Suzanne G. Page</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>2/21/2006</u> <small>Date</small> <small>Daytime Phone #</small>		