

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90034 042 \*\*\*\*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**

**40051933**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04032007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-3107428**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**PAGE, SUZANNE G  
316 SOUTH BAYLEN STREET  
6TH FLR  
PENSACOLA, FL 32502**

7. Name and Address of New Registered Agent

Name **GILBERT, DONNA J.**

Street Address (P.O. Box Number is Not Acceptable)

**316 SOUTH BAYLEN STREET, 6TH FLR**

City **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

*Donna J. Gilbert*

Signature, typed or printed name of registered agent and date applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/2/07**

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007.**

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 S BAYLEN ST, 6TH FLR PENSACOLA, FL 32502	<input type="checkbox"/> Delete
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	T PAGE, SUZANNE G 316 S BAYLEN ST, 6TH FLR PENSACOLA, FL 32502	<input 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"/> Delete
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"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GILBERT, DONNA J. 316 S. BAYLEN ST., 6TH FLR PENSACOLA, FL 32502	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GILBERT, DONNA J. 316 S. BAYLEN ST., 6TH FLR PENSACOLA, FL 32502	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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:

*Donna J. Gilbert*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/2/07**