

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # N47516 1. Entity Name LEVIN & PAPANTONIO FAMILY FOUNDATION, INC.	
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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
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DO NOT WRITE IN THIS SPACE

03112008 No Chg-NP CR2E037 (4/06)

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

GILBERT, DONNA J
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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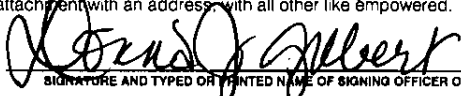
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVIN, MARTIN H 316 S BAYLEN ST, 6TH FLR PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEVIN, MARTIN H 316 S BAYLEN ST, 6TH FLR PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GILBERT, DONNA J 316 S BAYLEN ST, 6TH FLR PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GILBERT, DONNA J 316 S BAYLEN ST, 6TH FLR PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAPANTONIO MICHAEL 315 S BAYLEN ST, 6TH FLR PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/08/08-80028-025 61.25

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:  **3/18/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #