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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001895

1. Corporation Name

LEWIS FOUNDATION, INC.

Principal Place of Business

**6100 DEACON DRIVE
WINDERMERE FL 34786**

Mailing Address

**200 SOUTH ORANGE AVENUE
SUITE 2300
ORLANDO FL 32801-432
US**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/18/1994

4. FEI Number

59-3249459

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing ☐

Trust Fund Contribution

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

9. Name and Address of Current Registered Agent

**A.G.C. CO.,
200 SOUTH ORANGE AVENUE
SUITE 2300
ORLANDO FL 32801-3432**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ PD ☐ DELETE
NAME **SILVERTON, VIVIANNE**
STREET ADDRESS **5353 ISLEWORTH COUNTRY CLUB DR**
CITY-ST-ZIP **WINDERMERE FL**

TITLE ☒ VD ☐ DELETE
NAME **SILVERTON, TOBY N**
STREET ADDRESS **5353 ISLEWORTH COUNTRY CLUB DR**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE ☒ VSD ☐ DELETE
NAME **THAKKAR, RASESH**
STREET ADDRESS **5062 ISLEWORTH COUNTRY CLUB DR**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE ☒ VTD ☐ DELETE
NAME **VOSS, JEFFERSON R**
STREET ADDRESS **550 JEFFERSON ST**
CITY-ST-ZIP **OAKLAND FL**

TITLE ☒ ASD ☐ DELETE
NAME **KAY, CHRISTOPHER K**
STREET ADDRESS **5524 ISLEWORTH COUNTRY CLUB DR**
CITY-ST-ZIP **WINDERMERE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jefferson R. Voss (407)876-5432

Date

Daytime Phone #

CR2E037 (11/98)