

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N96000000038 (7)
 1. Corporation Name
THE DAVID H. LEWIS CHARITABLE FOUNDATION, INC.



Principal Place of Business: **3472 NE CAUSEWAY #202 JENSEN BEACH FL 34957**
 Mailing Address: **3472 NE CAUSEWAY #202 JENSEN BEACH FL 34957**

3. Date Incorporated or Qualified 12/18/1995	3a. Date of Last Report
4. FEI Number IN-ACTIVE CORPORATION	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
LEWIS, ELIZABETH J
3472 NE CAUSEWAY #202
JENSEN BEACH FL 34957

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD LEWIS, ELIZABETH J 3472 NE CAUSEWAY #202 JENSEN BEACH FL 34957	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD SMITH, ROBERT K 24803 DETROIT ROAD WESTLAKE OH 44145	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D ELLWANGER, CARL F 306 N FLORIDA AVENUE STUART FL 34994	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

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*****61.25**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Robert K Smith**
 Date: **6-13-96** Daytime Phone #: **(206) 835-9450**

CR2E037 (3/96)