FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N9600001677 (1)
1. Corporation Name

FRANK J. LEWIS FOUNDATION, INC.

Principal Place of Business Mailing Address				*******	4 10833101 019 10118 91111 00111 00111 00111 00111	
31 W. 20TH ST. RIVIERA BEACH FL 33419		31 W. 20TH ST. RIVIERA BEACH FL 33404-6	31 W. 20TH ST. RIVIERA BEACH FL 33404-6155			
					3. Date Incorporated or Qualified 3a. Da 03/27/1996	ate of Last Report
,	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21 26					65 - 0652107	Not Applicable
22 Suite, Apt.					5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	у	8. This corporation has fiablility for intangible Florida Statutes	
24	9. Name and Address of Curre		1301		10. Name and Address of New Registered	
			81	Name		
LEWIS, PHILIP D 31 W. 20TH ST.			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
	UIH SI. BEACH FL 33419		83	<u> </u>		
THEFE	DENOTITE COTTO		84	City		85 Zip Code
					<u>FL</u>	
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.						
agent. La	am familiar with, and accept the obli	gations of, Section 617.0503, Flo	orida Statute	s.		
SIGNATURE	Signature, lyped or printed name of registered a	nent and title if anniicable (NOT)	F: Registered Ac	ent signature reg	ulred when reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TIVLE			Change Addition
NAME			1.2 NAME			
STREET ADDRESS			1.3 STREE	T ADDRESS		
CITY-ST-ZIP	PALM BEACH FL		1.4 CITY-	ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE	VD VD	☐ DELETE	2.1 TITLE			Change Addition
NAME	LEWIS, PHILIP D 31 W. 20TH ST.		22 NAME			
STREET ADDRESS	RIVIERA BEACH FL 33419			T ADDRESS		
CITY-ST-ZIP TITLE	SD SD	DELETE	2.4 CITY- 3.1 TITLE	-S1-ZIP		Change Addition
NAME	LEWIS, DIANA		3.2 NAME			C cumbs C recursor
STREET ADDRESS	2765 TECUMSEH DR.			T ADORESS		
CITY-ST-ZIP	WEST PALM BEACH FL		3.4. CITY-	1		
TITLE	TD	☐ DELETE	4.1 TITLE			Change Addition
NAME	LEWIS, MEGAN M		4. 2 NAME			
STREET ADDRESS	610 PARK CREST DR		4.3 STREE	T ADORESS		
CITY-ST-ZIP	THIENSVILLE WI		4.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY -			Change Addition
NAME		T"] DETCIE	6.1 TITLE			FT CHANGE FT MODICION
STREET ADDRESS			6.2 NAME	T ADDRESS		

14. I do 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 12 or Block 12 or Block 13 if changed, or on apattachment with an address.

6.4 CITY-ST-ZIP

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-97

Daytime Phone # 0040007

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FILED

Mar 04 1997 8:00am

Secretary of State