


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90095 002 ****61.25

0041142

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # N96000001677

1. Corporation Name

FRANK J. LEWIS FOUNDATION, INC.

Principal Place of Business

31 W. 20TH ST.
RIVIERA BEACH FL 33419

Mailing Address

31 W. 20TH ST.
RIVIERA BEACH FL 33419



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	03/27/1996
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	65-0652107
24 Country	29 Country	Applied For
	30	Not Applicable
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees
Trust Fund Contribution		

9. Name and Address of Current Registered Agent

LEWIS, PHILIP D
31 W. 20TH ST.
RIVIERA BEACH FL 33419

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	LEWIS, EDWARD D	1.2 NAME	
STREET ADDRESS	321 ROYAL POINCIANA PLAZA SOUTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	LEWIS, PHILIP D	2.2 NAME	
STREET ADDRESS	31 W. 20TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL 33419	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	LEWIS, DIANA	3.2 NAME	
STREET ADDRESS	2765 TECUMSEH DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	LEWIS, MEGAN M	4.2 NAME	
STREET ADDRESS	610 PARK CREST DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	THIENSVILLE WI	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

Diana Lewis

2/20/99

561-844 0201

Date

Daytime Phone #

CR2E037 (1/1/98)