

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000001677

1. Entity 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**



01262006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0652107

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000482982

04/11/06-80097-014 \$1.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**PD
LEWIS, EDWARD D
31 W 20TH ST.
RIVIERA BEACH, FL 33404**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**VD
LEWIS, PHILIP D
31 W. 20TH ST.
RIVIERA BEACH, FL 33419**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**SD
LEWIS, DIANA
2765 TECUMSEH DR.
WEST PALM BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**TD
DALY, MEGAN M
610 PARK CREST DR.
THIENSVILLE, WI**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**T
LEWIS, TIMOTHY P
7924 GREGORY PLACE
WEST PALM BEACH, FL 33405**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**T
NAVARRO, PATRICIA L
18170 JUPITER LANDINGS DRIVE
JUPITER, FL 33458**

**DO NOT WRITE
IN THIS SPACE**

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: *Philip D. Lewis* **Philip D. Lewis, VP**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/09

Date

561-844-0201

Daytime Phone #