

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2007 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**



01182007 No Chg-NP CR2E037 (4/06)

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**U000000611942  
02/02/07-80088-002 61.25**

**10. OFFICERS AND DIRECTORS**

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/23/07**

Date

**561-844-0201**

Daytime Phone #