

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002430

FILED  
Jan 20, 2009  
Secretary of State

**Entity Name:** THE LIFETIME CARE FOUNDATION FOR THE JEWISH DISABLED, INC.

**Current Principal Place of Business:**

4510 16TH AVENUE  
BROOKLYN, NY 11204

**New Principal Place of Business:**

**Current Mailing Address:**

4510 16TH AVENUE  
BROOKLYN, NY 11204

**New Mailing Address:**

FEI Number: 11-3326070      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FEUERMAN, RABBI SIMCHA  
Address: 4510 16TH AVE  
City-St-Zip: BROOKLYN, NY 11204

Title: CEO ( ) Delete  
Name: MANDEL, DAVID  
Address: 4510 16TH AVENUE  
City-St-Zip: BROOKLYN, NY

Title: D ( ) Delete  
Name: GABE, LAWRENCE  
Address: 4510 16TH AVENUE  
City-St-Zip: BROOKLYN, NY

Title: D ( ) Delete  
Name: HERSH, RONNIE  
Address: 4510 16TH AVENUE  
City-St-Zip: BROOKLYN, NY

Title: D ( ) Delete  
Name: WASSER, SHAUL  
Address: 4510 16TH AVENUE  
City-St-Zip: BROOKLYN, NY

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RABBI SIMCHA FEUERMAN

D

01/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date