

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **753989** (3)

1. Corporation Name

**THE JEANNE AND IRWIN LEVY FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**4801 COMMUNITY DRIVE  
WEST PALM BEACH FL 33417-9760**

**4801 COMMUNITY DRIVE  
WEST PALM BEACH FL 33417-9760**

3. Date Incorporated or Qualified

**08/28/1980**

4. FEI Number

**59-2033830**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PHILIPS, EUGENE  
JEWISH FEDERATION OF PALM BCH CTY, INC  
4801 COMMUNITY DR  
WEST PALM BCH FL 33417**

**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	<b>PTD</b>	<input type="checkbox"/> DELETE
NAME	<b>LEVY, MARK</b>	
STREET ADDRESS	<b>ADM BLDG, N HAVERHILL RD</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	<input checked="" type="checkbox"/>

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	<b>VSD</b>	<input type="checkbox"/> DELETE
NAME	<b>LEVY, H I</b>	
STREET ADDRESS	<b>900 N LAKE WAY</b>	
CITY-ST-ZIP	<b>PALM BEACH FL</b>	<input checked="" type="checkbox"/>

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>EPPLER, HEINZ</b>	
STREET ADDRESS	<b>150 N OCEAN BLVD</b>	
CITY-ST-ZIP	<b>PALM BEACH FL</b>	<input checked="" type="checkbox"/>

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BRENNER, STANLEY</b>	
STREET ADDRESS	<b>1645 PALM BEACH LKS BV</b>	
CITY-ST-ZIP	<b>W. PALM BEACH FL</b>	<input checked="" type="checkbox"/>

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SHULMAN, ALAN</b>	
STREET ADDRESS	<b>377 NORTH LAKE WAY</b>	
CITY-ST-ZIP	<b>PALM BEACH FL</b>	<input checked="" type="checkbox"/>

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 in an attachment with an address.

SIGNATURE:

*[Signature]* REQUIRED

2/24/98

541-448-0700

CR2E037 (10/97)