

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

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F97000002430

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



Principal Place of Business
**4510 16TH AVENUE
BROOKLYN, NY 11204**

Mailing Address
**4510 16TH AVENUE
BROOKLYN, NY 11204**



04252006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3326070

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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 (file if applicable)

(NOTE: Registered Agent signature required when reinstating)

000000549302

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

9. Election Campaign Financing
Trust Fund Contribution, ☐

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

05/13/06-80016-007 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FEUERMAN, RABBI SIMCHA
4510 16TH AVE
BROOKLYN, NY 11204**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
MANDEL, DAVID
4510 16TH AVENUE
BROOKLYN, NY**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GASE, LAWRENCE
4510 16TH AVENUE
BROOKLYN, NY**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HERSH, RONNIE
4510 16TH AVENUE
BROOKLYN, NY**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WASSER, SHAUL
4510 16TH AVENUE
BROOKLYN, NY**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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

4/25/06

Date

718-686-3275

Daytime Phone #