

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

FILED
Jan 17, 2007 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**



01042007 No Chg-NP

CR2E037 (4/06)

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000589440
01/18/07-80017-008 61.25

**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

1/8/08

Date

718 686-3414

Daytime Phone #