

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000002652

1. Entity Name
PALM BEACH COUNTY SHERIFF FOUNDATION, INC.



Principal Place of Business
**POST OFFICE BOX 6506
WEST PALM BEACH, FL 33405**

Mailing Address
**POST OFFICE BOX 6506
WEST PALM BEACH, FL 33405**



01052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1120294

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEVINE, ALAN S
114 MURRAY ROAD
WEST PALM BEACH, FL 33405**

**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**

**U00000598752
01/24/07-80088-013 61.25**

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	LEVINE, ALAN S
STREET ADDRESS	114 MURRAY RD
CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	T
NAME	ALDRICH, BRAD
STREET ADDRESS	1485 RANCHETTE RD
CITY-ST-ZIP	WEST PALM BEACH, FL 33415
TITLE	DVCS
NAME	LEVINE, GAIL A
STREET ADDRESS	114 MURRAY RD
CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

Alan Levine **Chairman**

1/17/07 5618322364

Date

Daytime Phone #