

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

08 OCT -3 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07022008 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 September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DC
LEVINE, ALAN S
114 MURRAY RD
WEST PALM BEACH, FL 33405

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
T
ALDRICH, BRAD
1485 RANCHETTE RD
WEST PALM BEACH, FL 33415

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DVCS
LEVINE, GAIL A
114 MURRAY RD
WEST PALM BEACH, FL 33405

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

400136615134
10/03/08--01049--007 **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:

Alan Levine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/28/08 5618322364
Date Daytime Phone #

10/3/08