

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2004 8:00 am
Secretary of State

02-04-2004 90029 024 ****61.25

66409140



MOORE CR2E037 (11/03)

DOCUMENT # N03000003660					
1. Entity Name JOSILYN'S FAITH FOUNDATION FOR PRADER-WILLI SYNDROME, INC.					
Principal Place of Business 231 GREEN POINTE CIRCLE PALM BEACH GARDENS FL 33418			Mailing Address 231 GREEN POINTE CIRCLE PALM BEACH GARDENS FL 33418		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 57-1166539	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEVINE, IRA 231 GREEN POINTE CIRCLE PALM BEACH GARDENS FL 33418			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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					
FILE NOW: FEE IS \$61.25 Due By: May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVINE, MICHAEL 11661 NW 13TH MANOR CORAL SPRINGS FL 33071 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRUM, MINDY 769 TANGLWOOD CIRCLE WESTON FL 33327 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAUFGRABEN, ROSS HOWARD 23 MANOR HOUSE DRIVE CHERRY HILL NJ 08003 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'SULLIVAN, JODI LYNN 7677 BRADBURY PLACE DUBLIN OH 43017 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JODI LAUFGRABEN 23 MANOR HOUSE DRIVE CHERRY HILL, NJ 08003 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, ANGLUS 1448 DEWBERRY COURT MCLEAN VA 22101 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Michael Levine</i>		Michael LEVINE		1/26/04 954-572-1552	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	