

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003660

FILED  
Jan 16, 2008  
Secretary of State

**Entity Name:** JOSILYN'S FAITH FOUNDATION FOR PRADER-WILLI SYNDROME, INC.

**Current Principal Place of Business:**

231 GREEN POINTE CIRCLE  
PALM BEACH GARDENS, FL 33418

**New Principal Place of Business:**

**Current Mailing Address:**

231 GREEN POINTE CIRCLE  
PALM BEACH GARDENS, FL 33418

**New Mailing Address:**

**FEI Number:** 57-1166539

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEVINE, IRA  
231 GREEN POINTE CIRCLE  
PALM BEACH GARDENS, FL 33418 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LEVINE, MICHAEL  
Address: 13 DORIS DRIVE WEST  
City-St-Zip: CHERRY HILL, NJ 08003

Title: ST ( ) Delete  
Name: LEVINE, RENEE  
Address: 23 MANOR HOUSE DRIVE  
City-St-Zip: CHERRY HILL, NJ 08003

Title: D ( ) Delete  
Name: LEVINE, IRA  
Address: 23 MANOR HOUSE DRIVE  
City-St-Zip: CHERRY HILL, NJ 08003

Title: VP ( ) Delete  
Name: LAUFGABEN, JODI  
Address: 23 MANOR HOUSE DRIVE  
City-St-Zip: CHERRY HILL, NJ 08003

Title: D ( ) Delete  
Name: LAUFGABEN, ROSS  
Address: 23 MANOR HOUSE DRIVE  
City-St-Zip: CHERRY HILL, NJ 08003

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRA LEVINE

DIRE

01/16/2008

Electronic Signature of Signing Officer or Director

Date