

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011915

FILED  
Mar 31, 2009  
Secretary of State

**Entity Name:** LEVINE FAMILY CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

1110 BRICKELL AVE 7TH FLOOR  
MIAMI, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

701 BRICKELL AVENUE  
SUITE 1400  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:** 20-2042131      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LAW CENTER OF THE AMERICAS, LLC  
701 BRICKELL AVE STE 1400  
MIAMI, FL 33131      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: DP      ( ) Delete  
Name: LEVINE, I. STANLEY  
Address: 3333 GARDEN AVE  
City-St-Zip: MIAMI BEACH, FL 33140

Title: DT      ( ) Delete  
Name: LEVINE, ELAINE  
Address: 3333 GARDEN AVE  
City-St-Zip: MIAMI BEACH, FL 33140

Title: D      ( ) Delete  
Name: LEVINE, ROBERT  
Address: 1110 BRICKELL AVE 7TH FLOOR  
City-St-Zip: MIAMI, FL 33313

Title: D      ( ) Delete  
Name: LEVINE, KENNETH  
Address: 1110 BRICKELL AVE 7TH FLOOR  
City-St-Zip: MIAMI, FL 33313

Title: D      ( ) Delete  
Name: FITCH, TINA  
Address: 1110 BRICKELL AVE 7TH FLOOR  
City-St-Zip: MIAMI, FL 33313

Title: DS      ( ) Delete  
Name: LEVINE, ALAN  
Address: 1110 BRICKELL AVE 7TH FLOOR  
City-St-Zip: MIAMI, FL 33313

**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:

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: I. STANLEY LEVINE

P

03/31/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date