Applied For

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N21159 1. Corporation Name

JOAN LEVY CANCER FOUNDATION, INC.

Principal Place of Business					
1550 N.E. MIAMI GARDENS DR.					
SUITE 306					
NORTH MIAMI BEACH FL 33179					

2. Principal Place of Business

21

Mailing Address

2a. Mailing Address

26

1550 N.E. MIAMI GARDENS DR. SUITE 306

NORTH MIAMI BEACH FL 33179

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90011 044 ****61.25

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3: Date Incorporated or Qualifed

06/16/1987

4. FEI Number

Suite, Apt.	Apt. #, etc. Suite, Apt. #, etc.			4. FEI Number			olied For	
22		27			59-2815398	<u> </u>		Applicable
City & Stat	е	City & State			5. Certificate of Status Desired		\$8.75 A	
Zip	Country	Zip	Country		6. Election Campaign Financing		\$5.00	May Be
24	25	29 30	0		Trust Fund Contribution	, _□	Added to	1
24	9. Name and Address of Current				10. Name and Address of New	Registered	Agent	
			81	Name				-
IEW DO	NALD C		92	Stroot Addre	oce (P.O. Boy Number is Not Accer	ntable)		
LEVY, RONALD G		62	82 Street Address (P.O. Box Number is Not Acceptable)					
1550 N.E. MIAMI GARDENS DR.			83					•
SUITE 306			A '1			85 Zip C	ode	
NORTH MIAMI BEACH FL 33179			84	City		, FL	65 Zip C	,oue
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	nns of, Section 617.0503, Florida	onzed by a Statutes.	tne corporatioi	n's poard of directors. Thereby acc	ne purpose of ept the appoint	changing its	registered jistered
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	(aignatus roquiros	ADDITIONS/CHANGES TO C	FFICERS AN	D DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE				☐ Change	Addition
NAME	KAPLAN, JODIE		1.2 NAME					
	1990 NE 188TH ST		1.3 STREET	ADORESS			•	
STREET ADDRESS	N. MIAMI BEACH FL 33139	l	1.4 CITY-ST					1
CITY-ST-ZIP	VPD	☐ DELETE	2.1 TITLE	-21			Change	☐ Addition
NAME	ELIAS, LENORE		2.2 NAME					- [
STREET ADDRESS	21180 N.E. 20 CT.		2.3 STREET	ADDRESS				1
CITY-ST-ZIP	N. MIAMI BEACH FL		2. 4 CITY-S	1		•	- 70	
TITLE	SD SD	☐ DELETE	3.1 TITLE				Change	Addition
NAME	DUBIN, DEBRA L		3.2 NAME					
STREET ADORESS	1071 NW 189TH AVE		3.3 STREET	ADDRESS	•	٠.		1
CITY-ST-ZIP	N. MIAMI BEACH FL 33179		3.4. CITY-S	T- ZIP			•	
TITLE	TD	☐ DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME	ROSMAN, LORRAINE		4. 2 NAME					
STREET ADDRESS	540 NE 199TH TERRACE		4.3 STREET	ADDRESS				1
CITY-ST-ZIP	N. MIAMI BEACH FL 33179		4.4 CFTY-ST	r-zip				
TITLE	ATD	☐ DELETE	5.1 TITLE	A	TD		Change	☐ Addition
NAME	ROSMAN, RONALD G		5.2 NAME	12.	modification		•	
STREET ADDRESS			5.3 STREET	ADDRESS	4022199 12	RP.	<u> </u>	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179		5.4 CITY-S1	-ZIP j	UmbFi	331	19	
TITLE		☐ DELETE	6.1 TITLE				☐ Change	☐ Addition
NAME			6.2 NAME	1		•	•	
STREET ADDRESS		,	6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY-S1					
14. hereby c	certify that the information supplied with	this filing does not qualify for th	ne exempti	on stated in S	ection 119.07(3)(i), Florida Statute	s. I further cer	tify that the in	nformation

indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: