

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

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90070 005 ****61.25

DOCUMENT # N21159

1. Entity Name

JOAN LEVY CANCER FOUNDATION, INC.



Principal Place of Business

1550 N.E. MIAMI GARDENS DR.
SUITE 304
NORTH MIAMI BEACH FL 33179

Mailing Address

1550 N.E. MIAMI GARDENS DR.
SUITE 304
NORTH MIAMI BEACH FL 33179

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-2815398

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVY, RONALD G
1550 N.E. MIAMI GARDENS DR.
SUITE 304
NORTH MIAMI BEACH FL 33179

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

TITLE PD ☐ Delete
NAME KAPLAN, JODIE
STREET ADDRESS 1990 NE 188TH ST
CITY-ST-ZIP N. MIAMI BEACH FL 33139

TITLE VPD ☐ Delete
NAME ELIAS, LENORE
STREET ADDRESS 21180 N.E. 20 CT.
CITY-ST-ZIP N. MIAMI BEACH FL

TITLE SD ☒ Delete
NAME DUBIN, DEBRA L
STREET ADDRESS 1071 NW 189TH AVE
CITY-ST-ZIP N. MIAMI BEACH FL 33179

TITLE TD ☐ Delete
NAME ROSMAN, LORRAINE
STREET ADDRESS 947 HARBOR VIEW S
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE ATD ☐ Delete
NAME LEVY, RONALD G
STREET ADDRESS 947 HARBOR VIEW SQUARE
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 persons empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/04

Date

Daytime Phone #

954-458-2922