

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90083 050 \*\*\*\*61.25

**DOCUMENT # N21159**

1. Entity Name

JOAN LEVY CANCER FOUNDATION, INC.



Principal Place of Business

947 HARBOR VIEW SW  
HOLLYWOOD FL 33019

Mailing Address

947 HARBOR VIEW SW  
HOLLYWOOD FL 33019



2. Principal Place of Business

21180 N.E. 20<sup>th</sup> Ct.  
Suite, Apt. #, etc.

3. Mailing Address

21180 N.E. 20<sup>th</sup> Ct.  
Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

Miami, Fla.

City & State

Miami, FLA.

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

LEVY, RONALD G  
1550 NE MIAMI GDUS DR  
N MIAMI BEACH FL 33179

7. Name and Address of New Registered Agent

Name: RONALD G. LEVY

Street Address (P.O. Box Number is Not Acceptable)

947 HARBORVIEW SOUTH

City: Hollywood

FL

Zip Code: 33019

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 applicable)

(NOTE: Registered Agent signature required when reinstating)

2/14/06  
DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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: P ☐ Delete  
NAME: KAPLAN, JODIE  
STREET ADDRESS: 4000 TOWERSIDE TERR  
CITY-ST-ZIP: MIAMI FL 33138

TITLE: VP ☐ Delete  
NAME: GOLDMAN, JOANNE  
STREET ADDRESS: 21150 POINT PLACE  
CITY-ST-ZIP: AVENTURA FL 33180

TITLE: T ☒ Delete  
NAME: ROSMAN, LORRAINE  
STREET ADDRESS: 947 HARBOR VIEW S  
CITY-ST-ZIP: HOLLYWOOD FL 33019

TITLE: AT ☐ 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:

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:

TITLE: ☐ Change ☐ Addition  
NAME: TEILEEN ZUCKERMAN  
STREET ADDRESS: 20191 E. Country Club DR. #1007  
CITY-ST-ZIP: Aventura, FL 33179

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

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

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 exemptions contained in Section 119, 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:

*[Signature]*

2/14/06 305-945-6401