


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N21159		
1. Entity Name JOAN LEVY CANCER FOUNDATION, INC.		
Principal Place of Business 21180 NE 20TH CT MIAMI, FL 33179		Mailing Address 21180 NE 20TH CT MIAMI, FL 33179
DO NOT WRITE IN THIS SPACE		
		 01152007 No Chg-NP CR2E037 (4/06)
		4. FEI Number 59-2815398
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LEVY, RONALD G 947 NARBORVIEW S HOLLYWOOD, FL 33019		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAPLAN, JODIE 4000 TOWERSIDE TERR MIAMI, FL 33138	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOLDMAN, JOANNE 21150 POINT PLACE AVENTURA, FL 33180	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZUCKERMAN, EILEEN 20191 E COUNTRY CLUB DR 1207 MIAMI, FL 33179	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT LEVY, RONALD G 947 HARABOR VIEW SQUARE HOLLYWOOD, FL 33019	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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 Chapter 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: <u>Jodie Kaplan Pres. JODIE KAPLAN</u> 1/19/07 305-932-8596		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>