

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90021 001 ****61.25

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

40018400



DO NOT WRITE IN THIS SPACE

01242008 No Chg-NP

CR2E037 (4/06)

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
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KAPLAN, JODIE
STREET ADDRESS	4000 TOWERSIDE TERR
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	VP
NAME	GOLDMAN, JOANNE
STREET ADDRESS	21150 POINT PLACE
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	T
NAME	ZUCKERMAN, EILEEN
STREET ADDRESS	20191 E COUNTRY CLUB DR 1207
CITY-ST-ZIP	MIAMI, FL 33179
TITLE	AT
NAME	LEVY, RONALD G
STREET ADDRESS	947 HARABOR VIEW SQUARE
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	V.P.
NAME	LENORE ELIAS
STREET ADDRESS	21180 N.E. 20th Ct.
CITY-ST-ZIP	MIAMI, FL 33179
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/08

(954) 249-1585