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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004865

1. Corporation Name

LAURENCE W. LEVINE FOUNDATION, INC.

Principal Place of Business

**2505 S OCEAN BLVD
PALM BEACH FL 33480**

Mailing Address

**2505 S OCEAN BLVD
PALM BEACH FL 33480**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/03/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0535001

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing

☐ **\$5.00** May Be
Added to Fees

21

26

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEVINE, LAURENCE W
2505 S OCEAN BLVD
PALM BEACH FL 33480**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **LEVINE, LAURENE W.**
STREET ADDRESS **2505 S. OCEAN BLVD**
CITY-ST-ZIP **PALM BEACH FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE **VD** ☐ DELETE

NAME **LEVINE, JAY**
STREET ADDRESS **34 GRAMERCY PARK**
CITY-ST-ZIP **NY NY**

2.1 TITLE ☐ Change ☐ Addition

TITLE **VD** ☐ DELETE

NAME **KANE, SUSAN**
STREET ADDRESS **47 GILLETTE AVE**
CITY-ST-ZIP **BAYPORT NY**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/17/99 212 269
JS-00

CR2E037 (11/98)