

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000004865 1. Entity Name LAURENCE W. LEVINE FOUNDATION, INC.	
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Principal Place of Business 47 GILLETTE AVENUE BAYPORT, NY 11705	Mailing Address 47 GILLETTE AVENUE BAYPORT, NY 11705
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04212004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0535001	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301

**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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KANE, SUSAN 47 GILLETTE AVENUE BAYPORT, NY 11705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVINE, JAY 34 GRAMERCY PARK NEW YORK, NY 10003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOORE, THOMAS R ESQ 590 MADISON AVENUE STE 2100 NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARREN, WILLIAM B 520 E 86TH STREET NEW YORK, NY 10028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/23/04-80081-001 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Susan Kane SUSAN KANE 4-27-04 631-472-3411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #