

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000004865	
1. Entity Name LAURENCE W. LEVINE FOUNDATION, INC.	

Principal Place of Business 47 GILLETTE AVENUE BAYPORT, NY 11705	Mailing Address 47 GILLETTE AVENUE BAYPORT, NY 11705
--	--

DO NOT WRITE IN THIS SPACE



04242007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0535001	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

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, 2007	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	D KANE, RUSSELL 10 STEWART PLACE #6EW WHITE PLAINS, NY 10603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELDMAN, BETH 656 FOREST AVE LARCHMONT, NY 10538
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOGUE, LESLEY 4 NURSERY ROAD MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVINE, JAMES 510 EAST 12TH STREET, #4 NEW YORK, NY 10009

**DO NOT WRITE
IN THIS SPACE**

000000752309
05/21/07-80011-010 61.25

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: Susan Kane SUSAN KANE 4-26-07 561-995-9691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #