

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # N94000004947	
1. Entity Name THE A.L. LEVINE FAMILY FOUNDATION, INC.	

Principal Place of Business THE COATES LAW FIRM 12012 SO SHORE BLVD STE 107 WELLINGTON, FL 33414	Mailing Address THE COATES LAW FIRM 12012 SO SHORE BLVD STE 107 WELLINGTON, FL 33414
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03272008 No Chg-NP CR2E037 (4/06)

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4. FEI Number 65-0554692	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COATES, HOWARD K JR
THE COATES LAW FIRM
12012 SO SHORE BLVD STE 107
WELLINGTON, FL 33414

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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 Carole Ann Steiger DATE 4/08/08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

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

1100000830325
04/23/08-80008-004 \$1.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD STEIGER, CAROLE ANN 263 MANOR RD RIDGEWOOD, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEIGER, ANDREW R. 70 APPLE RIDGE WOODCLIFF LAKE, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEIGER, ADAM J 66 TIMBERLANE RD UPPER SADDLE RIVER, NJ 07458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEIGER, DAVID L 185 E. 85TH STREET, APT. 32K NEW YORK, NY 10028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVINE, PETER L ROUTE 46 WEST WEST PATERSON, NJ 07424
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LEVINE, ARTHUR L 210 E 58TH STREET NEW YORK, NY 10022

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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: Carole Ann Steiger DATE 4/08/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR