

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000007169

FILED
Jan 23, 2009
Secretary of State

Entity Name: THE PHYLLIS AND ROBERT E. LEVINSON FOUNDATION, INC.

Current Principal Place of Business:

2915 S. FEDERAL HIGHWAY STE. D-2
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

2915 S. FEDERAL HIGHWAY STE. D-2
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 65-0802364

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINSON, ROBERT E
2915 S. FEDERAL HIGHWAY STE. D-2
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEVINSON, ROBERT E
Address: 2915 SOUTH FEDERAL HWY D-2
City-St-Zip: DELRAY BEACH, FL 33483

Title: D () Delete
Name: LEVINSON, JON
Address: 943 EVERGREEN DRIVE
City-St-Zip: DELRAY BEACH, FL 33483

Title: D () Delete
Name: LEVINSON, PHYLLIS
Address: 2915 SOUTH FEDERAL HWY D-2
City-St-Zip: DELRAY BEACH, FL 33483

Title: D () Delete
Name: LEVINSON, JAMES E
Address: 2915 SOUTH FEDERAL HWY D-2
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JON R. LEVINSON

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01/23/2009

Electronic Signature of Signing Officer or Director

Date