

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000000209

**Entity Name:** THE EMILY RACHEL LEVINE FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

419 SE 2ND STREET APT 308  
FT LAUDERDALE, FL 33301

**Current Mailing Address:**

419 SE 2ND STREET APT 308  
FT LAUDERDALE, FL 33301 US

**FEI Number:** 27-1529098

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LEVINE, JOSHUA R  
419 SE 2ND STREET APT 308  
FT LAUDERDALE, FL 33301 US

*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:** JOSHUA R LEVINE

02/08/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name LEVINE, STEVEN L  
Address 419 SE 2ND STREET APT 308  
City-State-Zip: FT LAUDERDALE FL 33301

Title D  
Name LEVINE, FRANCINE H  
Address 419 SE 2ND STREET APT 308  
City-State-Zip: FT LAUDERDALE FL 33301

Title D  
Name LEVINE, JOSHUA  
Address 419 SE 2ND STREET APT 308  
City-State-Zip: FT LAUDERDALE FL 33301

Title D  
Name LEVINE, SHOSHANNA  
Address 44 BUTLER PLACE  
3B  
City-State-Zip: BROOKLYN NY 11238

*I hereby 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 all other like empowered.*

**SIGNATURE:** STEVEN LEVINE

**PRESIDENT**

02/08/2025

Electronic Signature of Signing Officer/Director Detail

Date