

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000004865

**Entity Name:** LAURENCE W. LEVINE FOUNDATION, INC.**Current Principal Place of Business:**17398 VIA CAPRI EAST  
BOCA RATON, FL 33496**Current Mailing Address:**280 PARK AVENUE 7TH FL  
NEW YORK, NY 10017 US**FEI Number:** 65-0535001**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DEFINA, ROSEANN AGENT  
17398 VIA CAPRI EAST  
BOCA RATON, FL 33496 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:** ROSEANN DEFINA

02/23/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                      |
|-----------------|----------------------|
| Title           | P                    |
| Name            | KANE, SUSAN          |
| Address         | 17398 VIA CAPRI EAST |
| City-State-Zip: | BOCA RATON FL 33496  |

|                 |                   |
|-----------------|-------------------|
| Title           | VP                |
| Name            | LEVINE, JAY       |
| Address         | 34 GRAMERCY PARK  |
| City-State-Zip: | NEW YORK NY 10003 |

|                 |                            |
|-----------------|----------------------------|
| Title           | D                          |
| Name            | KANE, RUSSELL              |
| Address         | 2518 BURNSED BLVD.<br>#114 |
| City-State-Zip: | THE VILLAGES FL 32163      |

|                 |                    |
|-----------------|--------------------|
| Title           | D                  |
| Name            | FELDMAN, BETH      |
| Address         | 656 FOREST AVE     |
| City-State-Zip: | LARCHMONT NY 10538 |

|                 |                   |
|-----------------|-------------------|
| Title           | D                 |
| Name            | LOGUE, LESLEY     |
| Address         | 4 NURSERY ROAD    |
| City-State-Zip: | MELVILLE NY 11747 |

|                 |                   |
|-----------------|-------------------|
| Title           | D                 |
| Name            | LEVINE, JAMES     |
| Address         | 34 GRAMERCY PARK  |
| City-State-Zip: | NEW YORK NY 10003 |

*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:** SUSAN KANE**PRESIDENT**

02/23/2023

Electronic Signature of Signing Officer/Director Detail

Date