

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004947

Entity Name: THE A.L. LEVINE FAMILY FOUNDATION, INC.**Current Principal Place of Business:**41 HAMPSHIRE LN
BOYNTON BEACH, FL 33436**Current Mailing Address:**41 HAMPSHIRE LN
BOYNTON BEACH, FL 33436**FEI Number:** 65-0554692**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STEIGER, CAROLE ANN
41 HAMPSHIRE LN
BOYNTON BEACH, FL 33436 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CD
Name	STEIGER, CAROLE ANN
Address	41 HAMPSHIRE LANE
City-State-Zip:	BOYNTON BEACH FL 33436

Title	D
Name	STEIGER, ANDREW R.
Address	ONE WAYNE HILLS MALL
City-State-Zip:	WAYNE NJ 07470

Title	D
Name	STEIGER, ADAM J
Address	66 TIMBERLANE RD
City-State-Zip:	UPPER SADDLE RIVER NJ 07458

Title	D
Name	STEIGER, DAVID L
Address	ONE WAYNE HILLS MALL
City-State-Zip:	WAYNE NJ 07470

Title	D
Name	LEVINE, PETER L
Address	ROUTE 46 WEST
City-State-Zip:	WEST PATERSON NJ 07424

Title	D
Name	STEIGER, JOEL J
Address	41 HAMPSHIRE LANE
City-State-Zip:	BOYNTON BEACH FL 33436

Title	DIRECTOR
Name	LEVINE, ARTHUR L
Address	1830 S. OCEAN DRIVE THE BEACH CLUB II APT. 907
City-State-Zip:	HALLANDALE FL 30009

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: CAROLE ANN STEIGER**PRESIDENT****04/24/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date