2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000001832

1. Entity Name
YANKEF & LEIBISCH FAMILY CIRCLE, INC.

Principal Place of Business	Mailing Address
9572 CRESCENT VIEW DR N BOYNTON BEACH, FL 33437	9572 CRESCENT VIEW DR N BOYNTON BEACH, FL 33437

DO NOT WRITE IN THIS SPACE

01242008   No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
11-2937558	Not Applicable

5. Certificate of Status Desired $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARKER, SELMA
9572 CRESCENT VIEW DR N
BOYNTON BEACH, FL 33437

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

Filing Fee is $61.25 **Due by May 1, 2008**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000000800892 01/31/08-80035-013 70.00

10.	OFFICERS AND DIRECTORS	
TITLE	P	
NAME	MELTZER, IDA	
STREET ADDRESS	5920 SPRING LAKE LANE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	S	
NAME	BONDER, FLORENCE	
STREET ADDRESS	7106 CATANIA DRIVE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	T	
NAME	PARKER, SELMA	
STREET ADDRESS	9572 CRESCENT VIEW DR. NO.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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: _____*Selma Parker*_____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #