

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005623

FILED
Jan 08, 2006
Secretary of State

Entity Name: LEIBOWITZ FAMILY FOUNDATION, INC.

Current Principal Place of Business:

1039 GUI SANDO DE AVILA
TAMPA, FL 33613

New Principal Place of Business:

903 GUI SANDO DE AVILA
TAMPA, FL 33613

Current Mailing Address:

1039 GUI SANDO DE AVILA
TAMPA, FL 33613

New Mailing Address:

903 GUI SANDO DE AVILA
TAMPA, FL 33613

FEI Number: 59-3736869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEIBOWITZ, EDWARD R
1039 GUI SANDO DE AVILA
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

LEIBOWITZ, EDWARD R
903 GUI SANDO DE AVILA
TAMPA, FL 33613 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: EDWARD R LEIBOWITZ

01/08/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEIBOWITZ, EDWARD R
Address: 1039 GUI SANDO DE AVILA
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: LEIBOWITZ, BLOSSOM M
Address: 1039 GUI SANDO DE AVILA
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: KUHN, JASON
Address: 16406 MILAN DE AVILA
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: KUHN, SUSAN L
Address: 16406 MILAN DE AVILA
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: LEIBOWITZ, DAVID S
Address: 11 QUAKER ROAD
City-St-Zip: SHORT HILLS, NJ 07078

Title: D () Delete
Name: LEIBOWITZ, STACEY B
Address: 11 QUAKER ROAD
City-St-Zip: SHORT HILLS, NJ 07078

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LEIBOWITZ, EDWARD R
Address: 903 GUI SANDO DE AVILA
City-St-Zip: TAMPA, FL 33613

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: EDWARD R LEIBOWITZ

D

01/08/2006

Electronic Signature of Signing Officer or Director

Date