

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # N01000005623  
 1. Entity Name  
 LEIBOWITZ FAMILY FOUNDATION, INC.



Principal Place of Business  
 903 GUI SANDO DE AVILA  
 TAMPA, FL 33613

Mailing Address  
 903 GUI SANDO DE AVILA  
 TAMPA, FL 33613



01042008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-3736869

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 LEIBOWITZ, EDWARD R  
 903 GUI SANDO DE AVILA  
 TAMPA, FL 33613

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEIBOWITZ, EDWARD R
STREET ADDRESS	903 GUI SANDO DE AVILA
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	D
NAME	LEIBOWITZ, BLOSSOM M
STREET ADDRESS	1039 GUI SANDO DE AVILA
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	D
NAME	KUHN, JASON
STREET ADDRESS	16406 MILAN DE AVILA
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	D
NAME	KUHN, SUSAN L
STREET ADDRESS	16406 MILAN DE AVILA
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	D
NAME	LEIBOWITZ, DAVID S
STREET ADDRESS	11 QUAKER ROAD
CITY-ST-ZIP	SHORT HILLS, NJ 07078
TITLE	D
NAME	LEIBOWITZ, STACEY B
STREET ADDRESS	11 QUAKER ROAD
CITY-ST-ZIP	SHORT HILLS, NJ 07078

**DO NOT WRITE IN THIS SPACE**

000000779060  
 01/11/08-80023-011 61.25

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: Edward Leibowitz 1/8/08 Date 813-300-4555 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD LEIBOWITZ