

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 06, 2005 08:00 AM
Secretary of State

DOCUMENT # N38165 1. Entity Name THE LEESFIELD FAMILY CHARITABLE FOUNDATION, INC.	
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Principal Place of Business 2350 S. DIXIE HIGHWAY MIAMI, FL 33133	Mailing Address 2350 S. DIXIE HIGHWAY MIAMI, FL 33133
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0205711	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LEESFIELD, IRA H.
2350 S. DIXIE HIGHWAY
MIAMI, FL 33133**

**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 _____
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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TPT LEESFIELD, IRA H. 2350 S. DIXIE HWY. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVS LEESFIELD, CYNTHIA 2350 S. DIXIE HWY. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEESFIELD, JENNIFER 2350 S. DIXIE HWY MIAMI, FL
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *IRA H. Leesfield*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-05

Date

305-854-4900

Daytime Phone #

IRA H. Leesfield