

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N38165**

1. Entity Name  
**THE LEESFIELD FAMILY CHARITABLE FOUNDATION,  
INC.**



Principal Place of Business  
**2350 S. DIXIE HIGHWAY  
MIAMI, FL 33133**

Mailing Address  
**2350 S. DIXIE HIGHWAY  
MIAMI, FL 33133**



02282007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

000000656171  
03/14/07-80015-014 61.25

**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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*IRA H. Leesfield*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/1/07*  
Date

Daytime Phone #