

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

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000007301

1. Entity Name
LEFTON FAMILY FOUNDATION, INC.



Principal Place of Business
**3250 MARY STREET
MIAMI, FL 33133**

Mailing Address
**3250 MARY STREET
MIAMI, FL 33133**



03182005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0976183

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FRIEDMAN, HARRY J
GREENBERG TRAUIG PA
1221 BRICKELL AVENUE
MIAMI, FL 33131**

**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	D
NAME	LEFTON, DONALD E
STREET ADDRESS	3250 MARY STREET
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	D
NAME	LEFTON, JUDITH G
STREET ADDRESS	3250 MARY STREET
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	D
NAME	FISHER, ROBYN
STREET ADDRESS	3250 MARY STREET
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	D
NAME	TABATCHNICK, LISA
STREET ADDRESS	3250 MARY STREET
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DONALD E. LEFTON
DIRECTOR**

Date

Daytime Phone #

4/1/05 305-445-348