


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
---	---

DO NOT WRITE IN THIS SPACE



02282007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0205711	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 reinstating) DATE _____

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

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

U00000656171
 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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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* 3/1/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #