

FILED

Mar 21 1997 8:00am
Secretary of State

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|--------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <p>NONPROFIT CORPORATION ANNUAL REPORT 1997</p> |  | <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p> |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|

DOCUMENT # N42898 (9)
1. Corporation Name
IRENE SACKS KORNHAUSER CHARITABLE FOUNDATION, IN
C.

| Principal Place of Business | Mailing Address |
|--------------------------------------------------|-------------------------------------------------------|
| 4601 COMMUNITY DRIVE WEST PALM BEACH FL 33401 | 4601 COMMUNITY DRIVE WEST PALM BEACH FL 33417-2716 |

| | | | |
|---------------------------------------|-----------|----------------------------|-----------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | | 26 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| 22 | | 27 | |
| City & State | | City & State | |
| 23 | | 28 | |
| Zip | Country | Zip | Country |
| 24 | 25 | 29 | 30 |

| | |
|--------------------------------------------------------|----------------------------------------------|
| 3. Date Incorporated or Qualified 04/08/1991 | 3a. Date of Last Report 02/15/1996 |
|--------------------------------------------------------|----------------------------------------------|

| | |
|------------------------------------|----------------|
| 4. FEI Number 65-0253203 | Applied For |
| | Not Applicable |

| | | |
|----------------------------------|--------------------------|---------------------------------------|
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
|----------------------------------|--------------------------|---------------------------------------|

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

| | | |
|---------------------------------------------------------------------------------------------------------------|----|----------------|
| 9. Name and Address of Current Registered Agent | | |
| PHILIPS, EUGENE JEWISH FEDERATION OF PALM BEACH COUNTY, INC 4601 COMMUNITY DR WEST PALM BCH FL 33417 | 81 | Name |
| | 82 | Street Address |
| | 83 | |
| | 84 | City |

| | | |
|-----------------------------------------------------|-----------|----------|
| 10. Name and Address of New Registered Agent | | |
| | | |
| ess (P.O. Box Number is Not Acceptable) | | |
| | | |
| FL | 85 | Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____
 Signature (and/or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstalling) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD LIST, CYNTHIA S. 254 TRADEWIND DRIVE PALM BEACH FL | <input type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD LIST, ROBERT E. 254 TRADEWIND DRIVE PALM BEACH FL | <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D GREEN, BARBARA 400 NORTH FLAGLER DRIVE WEST PALM BEACH FL | <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D BLONDER, ERWIN H. 241 WEST INDIES DRIVE PALM BEACH FL | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD BERMAN, EILEEN 13170 CRISA DR PALM BEACH GARDENS FL | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T PHILIPS, EUGENE 127 ROOT TRAIL PALM BCH FL | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP |

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # 0039325

CR2E037 (9/96)