


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90028 005 ****61.25

DOCUMENT # N42898 1. Entity Name IRENE SACKS KORNHAUSER CHARITABLE FOUNDATION, INC.					
Principal Place of Business 4601 COMMUNITY DRIVE WEST PALM BEACH, FL 33401			Mailing Address 4601 COMMUNITY DRIVE WEST PALM BEACH, FL 33401		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0253203	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SCHWARTZ, MICHELLE W JEWISH FEDERATION OF PALM BEACH COUNTY, INC 4601 COMMUNITY DR WEST PALM BCH, FL 33417				Name <u>Michelle Wasch</u> Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIST, CYNTHIA S.		NAME		
STREET ADDRESS	218 TANGIER AVE		STREET ADDRESS		
CITY - ST - ZIP	PALM BEACH, FL		CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIST, ROBERT E.		NAME		
STREET ADDRESS	218 TANGIER AVE		STREET ADDRESS		
CITY - ST - ZIP	PALM BEACH, FL		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREEN, BARBARA		NAME		
STREET ADDRESS	583 N LAKE WAY		STREET ADDRESS		
CITY - ST - ZIP	WEST PALM BEACH, FL		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMON, ADELE		NAME		
STREET ADDRESS	1883 INDIAN ROAD		STREET ADDRESS		
CITY - ST - ZIP	LAKE CLARKE SHORES, FL 33406		CITY - ST - ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERMAN, EILEEN		NAME		
STREET ADDRESS	13170 CRISA DR		STREET ADDRESS		
CITY - ST - ZIP	PALM BEACH GARDENS, FL		CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHWARTZ, MICHELLE W		NAME	Treasurer	
STREET ADDRESS	2652 NW 46 STREET		STREET ADDRESS	Wasch, Michelle	
CITY - ST - ZIP	BOCA RATON, FL 33434		CITY - ST - ZIP	4601 Community Dr, West Palm Beach, FL 33417	
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: <u>Michelle Schwartz</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>561-478-0700</u> <small>Daytime Phone #</small>		