2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42898

Apr 27, 2005 Secretary of State

Entity Name: IRENE SACKS KORNHAUSER CHARITABLE FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4601 COMMUNITY DRIVE 4601 COMMUNITY DRIVE WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33417

Current Mailing Address: New Mailing Address:

4601 COMMUNITY DRIVE 4601 COMMUNITY DRIVE WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33417

FEI Number: 65-0253203 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WASCH, MICHELLE JEWISH FEDERATION OF PALM BEACH COUNTY, INC 4601 COMMUNITY DR WEST PALM BCH, FL 33417 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition Name:

LIST, CYNTHIA S., LIST, CYNTHIA S., Name: 218 TANGIER AVE Address: 2727 EMBASSY DR Address:

City-St-Zip: PALM BEACH, FL City-St-Zip: WEST PALM BEACH, FL 33401

Title: VD () Delete Title: VD (X) Change () Addition LIST, ROBERT E., Name: LIST, MARTIN, Name:

Address: 218 TANGIER AVE Address: 2425 EMBASSY DR

City-St-Zip: PALM BEACH, FL City-St-Zip: WEST PALM BEACH, FL 33401

Title: () Delete Title: (X) Change () Addition

GREEN, BARBARA, GREEN, BARBARA, Name: Name: 583 N LAKE WAY Address: Address: 300 SEMNOLE AVE City-St-Zip: WEST PALM BEACH, FL City-St-Zip: PALM BEACH, FL 33480

Title: Title: () Change () Addition () Delete

Name: SIMON, ADELE Name: 1883 INDIAN ROAD Address: Address: LAKE CLARKE SHORES, FL 33406 City-St-Zip: City-St-Zip:

Title: () Delete Title: () Change () Addition

WASCH, MICHELLE Name: Name: 4601 COMMUNITY DR Address: Address: City-St-Zip: WEST PALM BEACH, FL 33417 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE WASCH Т 04/27/2005