

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90208 013 ****61.25

DOCUMENT # N42898

1. Entity Name

IRENE SACKS KORNHAUSER CHARITABLE FOUNDATION, IN C.



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

Zip

Country

Zip

Country

4. FEI Number **65-0253203**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHWARTZ, MICHELLE W
JEWISH FEDERATION OF PALM BEACH COUNTY, INC
4601 COMMUNITY DR
WEST PALM BCH FL 33417**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **LUST, CYNTHIA S.**
STREET ADDRESS **218 TANGIER AVE**
CITY-ST-ZIP **PALM BEACH FL**

TITLE **VD** ☐ Delete
NAME **LUST, ROBERT E.**
STREET ADDRESS **218 TANGIER AVE**
CITY-ST-ZIP **PALM BEACH FL**

TITLE **D** ☐ Delete
NAME **GREEN, BARBARA**
STREET ADDRESS **583 N LAKE WAY**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **D** ☐ Delete
NAME **SIMON, ADELE**
STREET ADDRESS **1883 INDIAN ROAD**
CITY-ST-ZIP **LAKE CLARKE SHORES FL 33406**

TITLE **SD** ☐ Delete
NAME **BERMAN, EILEEN**
STREET ADDRESS **13170 CRISA DR**
CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE **T** ☐ Delete
NAME **SCHWARTZ, MICHELLE W**
STREET ADDRESS **2652 NW 46 STREET**
CITY-ST-ZIP **BOCA RATON FL 33434**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Wäsch, Michelle**
STREET ADDRESS **4601 Community Dr.**
CITY-ST-ZIP **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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)