

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:25

DOCUMENT # **N42899** (7)

1. Corporation Name

LIST FAMILY CHARITABLE FOUNDATION, INC.

Principal Place of Business	Mailing Address
C/O THE JEWISH FEDERATION OF PALM BCH.CNTY 4601 COMMUNITY DRIVE WEST PALM BEACH FL 33417-9760	C/O THE JEWISH FEDERATION OF PALM BCH.CNTY 4601 COMMUNITY DRIVE WEST PALM BEACH FL 33417-9760

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/08/1991	3a. Date of Last Report 04/05/1994
4. FEI Number 65-0253208	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
24	25
29	30

9. Name and Address of Current Registered Agent

BAKER, EDWARD
4601 COMMUNITY DRIVE
SUITE 305
WEST PALM BEACH FL 33417-9760

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LIST, ROBERT E.
STREET ADDRESS	254 TRADEWIND DRIVE
CITY-ST-ZIP	PALM BCH FL
TITLE	VD
NAME	LIST, CYNTHIA S.
STREET ADDRESS	254 TRADEWIND DRIVE
CITY-ST-ZIP	PALM BCH FL
TITLE	D
NAME	GREEN, BARBARA
STREET ADDRESS	400 NORTH FLAGLER DRIVE
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	D
NAME	BLONDER, ERWIN H.
STREET ADDRESS	241 WEST INDIES DRIVE
CITY-ST-ZIP	PALM BEACH FL
TITLE	SD
NAME	ENGELSTEIN, ALEC
STREET ADDRESS	6611 S. FLAGLER DRIVE
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	Y
NAME	BAKER, EDWARD
STREET ADDRESS	2380 SARATOGA BAY DRIVE
CITY-ST-ZIP	W PALM BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 (changed, or on an attachment with an address.

SIGNATURE: Edward Baker Edward Baker 1/29/95 407-478-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #