

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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 C/O THE JEWISH FEDERATION OF PALM BCH.CNTY
4601 COMMUNITY DRIVE 4601 COMMUNITY DRIVE
WEST PALM BEACH FL 33417-9760 WEST PALM BEACH FL 33417-9760

3. Date Incorporated or Qualified **04/08/1991** 3a. Date of Last Report **01/30/1995**
4. FEI Number **65-0253208** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

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 **Eugene Philips**
82 Street Address/P.O. Box Number (if Not Acceptable) **Jewish Federation of Palm Beach**
83 **County, Inc.**
4601 Community Drive
84 City **West Palm Beach** 85 Zip Code **FL 33417**

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 *Eugene Philips* DATE **2/5/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIST, ROBERT E.	1.2 NAME	
STREET ADDRESS	254 TRADEWIND DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BACH FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIST, CYNTHIA S.	2.2 NAME	
STREET ADDRESS	254 TRADEWIND DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BACH FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, BARBARA	3.2 NAME	
STREET ADDRESS	400 NORTH FLAGLER DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLONDER, ERWIN H.	4.2 NAME	
STREET ADDRESS	241 WEST INDIES DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGELSTEIN, ALEC	5.2 NAME	SD
STREET ADDRESS	6611 S. FLAGLER DRIVE	5.3 STREET ADDRESS	Eileen Berman
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	13170 Crisa Drive Palm Beach Gardens, FL 33410
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, EDWARD	6.2 NAME	T Eugene Philips
STREET ADDRESS	2380 SARATOGA BAY DRIVE	6.3 STREET ADDRESS	127 Root Trail
CITY-ST-ZIP	W PALM BCH FL	6.4 CITY-ST-ZIP	Palm Beach, FL 33480

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 179.07(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, if changed, or on an attachment with an address.

SIGNATURE: *Eugene Philips* DATE: **2/5/96** DAYTIME PHONE: **407-448-0700**

CR2E037 (12/95)