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Mar 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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
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 33417-2716

3. Date Incorporated or Qualified
04/08/1991

3a. Date of Last Report
02/15/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0253208

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip Country

28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 Zip 25 Country

29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PHILIPS, EUGENE
JEWISH FEDERATION OF PALM BCH CTY, INC
4601 COMMUNITY DR
WEST PALM BCH FL 33417

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature (Typed or printed name of registered agent) and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME LIST, ROBERT E.
STREET ADDRESS 254 TRADEWIND DRIVE
CITY-ST-ZIP PALM BACH FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS 218 TANGIER AVE
1.4 CITY-ST-ZIP PALM BEACH, FL 33480

TITLE VD DELETE
NAME LIST, CYNTHIA S.
STREET ADDRESS 254 TRADEWIND DRIVE
CITY-ST-ZIP PALM BACH FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS 218 TANGIER AVE
2.4 CITY-ST-ZIP PALM BEACH, FL 33480

TITLE D DELETE
NAME GREEN, BARBARA
STREET ADDRESS 400 NORTH FLAGLER DRIVE
CITY-ST-ZIP WEST PALM BEACH FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS 583 NORTH LAKE WAY
3.4 CITY-ST-ZIP PALM BEACH, FL 33480

TITLE D DELETE
NAME BLONDER, ERWIN H.
STREET ADDRESS 241 WEST INDIES DRIVE
CITY-ST-ZIP PALM BEACH FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 33480

TITLE SD DELETE
NAME BERMAN, EILEEN
STREET ADDRESS 13170 CRISA DR
CITY-ST-ZIP PALM BCH GARDENS FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP 33410

TITLE Y DELETE
NAME PHILIPS, EUGENE
STREET ADDRESS 127-ROOT-TRAIL
CITY-ST-ZIP PALM BCH FL

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS 1191 N. OCEAN WAY
6.4 CITY-ST-ZIP PALM BEACH, FL 33480

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0038341

CR2E037 (9/96)

3/7/97