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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

3. Date Incorporated or Qualified 04/08/1991
3a. Date of Last Report 02/15/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

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

9. Name and Address of Current Registered Agent
PHILIPS, EUGENE
JEWISH FEDERATION OF PALM BCH CTY, INC
4601 COMMUNITY DR
WEST PALM BCH FL 33417

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE PD DELETE
NAME LIST, ROBERT E.
STREET ADDRESS 254 TRADEWIND DRIVE
CITY-ST-ZIP PALM BACH FL
TITLE VD DELETE
NAME LIST, CYNTHIA S.
STREET ADDRESS 254 TRADEWIND DRIVE
CITY-ST-ZIP PALM BACH FL
TITLE D DELETE
NAME GREEN, BARBARA
STREET ADDRESS 400 NORTH FLAGLER DRIVE
CITY-ST-ZIP WEST PALM BEACH FL
TITLE D DELETE
NAME BLONDER, ERWIN H.
STREET ADDRESS 241 WEST INDIES DRIVE
CITY-ST-ZIP PALM BEACH FL
TITLE SD DELETE
NAME BERMAN, EILEEN
STREET ADDRESS 13170 CRISA DR
CITY-ST-ZIP PALM BCH GARDENS FL
TITLE Y DELETE
NAME PHILIPS, EUGENE
STREET ADDRESS 127-ROOT-TRAIL
CITY-ST-ZIP PALM BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS 218 TANGIER AVE
1.4 CITY-ST-ZIP PALM BEACH, FL 33480
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS 218 TANGIER AVE
2.4 CITY-ST-ZIP PALM BEACH, FL 33480
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
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 33480
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP 33410
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: _____ DATE: 3/7/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)