

3-24 98 B 3657C
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 Mar 24 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N42899 (7)
 1. Corporation Name
LIST FAMILY CHARITABLE FOUNDATION, INC.

Principal Place of Business C/O THE JEWISH FEDERATION OF PALM BCH.CNTY 4601 COMMUNITY DRIVE WEST PALM BEACH FL 33417-9760	Mailing Address C/O THE JEWISH FEDERATION OF PALM BCH.CNTY 4601 COMMUNITY DRIVE WEST PALM BEACH FL 33417-9760
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3. Date Incorporated or Qualified 04/08/1991		
4. FEI Number 65-0253208	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
 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]* DATE: **3/16/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD LIST, ROBERT E.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	218 TANGIER AVE	1.2 NAME	
STREET ADDRESS	218 TANGIER AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VD LIST, CYNTHIA S.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	218 TANGIER AVE	2.2 NAME	
STREET ADDRESS	218 TANGIER AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D GREEN, BARBARA	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	583 NORTH LAKE WAY	3.2 NAME	
STREET ADDRESS	583 NORTH LAKE WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D BLONDER, ERWIN H.	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	241 WEST INDIES DRIVE	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 BERMAN, EILEEN	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13170 CRISA DR	5.2 NAME	
STREET ADDRESS	13170 CRISA DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	5.4 CITY-ST-ZIP	
TITLE	T PHILIPS, EUGENE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1191 N OCEAN WAY	6.2 NAME	
STREET ADDRESS	1191 N OCEAN WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	6.4 CITY-ST-ZIP	

4.1 TITLE Change Addition
 4.2 NAME Adele Simon
 4.3 STREET ADDRESS 1883 Indian Road
 4.4 CITY-ST-ZIP Lake Clarke Shores, FL 33406

14. 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 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]* DATE: **3/16/98**

CR2E037 (10/97)