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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N42899

1. Corporation Name

LIST FAMILY CHARITABLE FOUNDATION, INC.

250131 - 90030 - 21

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/08/1991

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE
 NAME LIST, ROBERT E.
 STREET ADDRESS 218 TANGIER AVE
 CITY-ST-ZIP PALM BEACH FL ✓

TITLE VD DELETE
 NAME LIST, CYNTHIA S.
 STREET ADDRESS 218 TANGIER AVE
 CITY-ST-ZIP PALM BEACH FL ✓

TITLE D DELETE
 NAME GREEN, BARBARA
 STREET ADDRESS 583 NORTH LAKE WAY
 CITY-ST-ZIP PALM BEACH FL ✓

TITLE D DELETE
 NAME SIMON, ADELE
 STREET ADDRESS 1883 INDIAN ROAD
 CITY-ST-ZIP LAKE CLARKE SHORES FL 33406 ✓

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

TITLE T DELETE
 NAME PHILIPS, EUGENE
 STREET ADDRESS 1191 N OCEAN WAY
 CITY-ST-ZIP PALM BEACH FL ✓

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

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

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

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/16/99

561-478-0700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X128

CR2E037 (11/98)