


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90027 042 ****61.25

DOCUMENT # N42899

1. Entity Name
 LIST FAMILY CHARITABLE FOUNDATION, INC.



Principal Place of Business
 C/O THE JEWISH FEDERATION OF PALM BCH.CN
 4601 COMMUNITY DRIVE
 WEST PALM BEACH, FL 33417-9760

Mailing Address
 C/O THE JEWISH FEDERATION OF PALM BCH.CN
 4601 COMMUNITY DRIVE
 WEST PALM BEACH, FL 33417-9760

94001



04142004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number
 65-0253208

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LIST, ROBERT E.
 JEWISH FEDERATION OF PALM BCH CTY, INC
 4601 COMMUNITY DR
 WEST PALM BCH, FL 33417

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIST, ROBERT E.			NAME			
STREET ADDRESS	218 TANGIER AVE			STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH, FL			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIST, CYNTHIA S.			NAME			
STREET ADDRESS	218 TANGIER AVE			STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH, FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREEN, BARBARA			NAME			
STREET ADDRESS	583 NORTH LAKE WAY			STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH, FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMON, ADELE			NAME			
STREET ADDRESS	1883 INDIAN ROAD			STREET ADDRESS			
CITY-ST-ZIP	LAKE CLARKE SHORES, FL 33406			CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERMAN, EILEEN			NAME			
STREET ADDRESS	13170 CRISA DR			STREET ADDRESS			
CITY-ST-ZIP	PALM BCH GARDENS, FL			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHWARTZ, MICHELLE W			NAME	Wasch, Michelle		
STREET ADDRESS	4601 COMMUNITY DRIVE			STREET ADDRESS	4601 Community Dr.		
CITY-ST-ZIP	WEST PALM BEACH, FL 33417			CITY-ST-ZIP	West Palm Beach, FL 33417		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michelle Wasch* **561-478-0700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #