

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42899

FILED
May 01, 2006
Secretary of State

Entity Name: LIST FAMILY CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

C/O THE JEWISH FEDERATION OF PALM BCH.CN
4601 COMMUNITY DRIVE
WEST PALM BEACH, FL 334172716

New Principal Place of Business:

Current Mailing Address:

C/O THE JEWISH FEDERATION OF PALM BCH.CN
4601 COMMUNITY DRIVE
WEST PALM BEACH, FL 334172716

New Mailing Address:

FEI Number: 65-0253208 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WASCH, MICHELLE
JEWISH FEDERATION OF PALM BCH CTY, INC
4601 COMMUNITY DR
WEST PALM BCH, FL 33417 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LIST, CYNTHIA,
Address: 2427 EMBASSY DR
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VD () Delete
Name: LIST, MARTIN,
Address: 2425 EMBASSY DR
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: GREEN, BARBARA,
Address: 583 NORTH LAKE WAY
City-St-Zip: PALM BEACH, FL

Title: S () Delete
Name: SIMON, ADELE
Address: 1883 INDIAN ROAD
City-St-Zip: LAKE CLARKE SHORES, FL 33406

Title: T () Delete
Name: WASCH, MICHELLE
Address: 4601 COMMUNITY DR
City-St-Zip: WESTPALM BEACH, FL 334172716

Title: D () Delete
Name: BERMAN, EILEEN
Address: 13170 CRISA DR
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE WASCH

T

05/01/2006

Electronic Signature of Signing Officer or Director

_____ Date