

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90317 028 ****61.25

DOCUMENT # N42899

1. Entity Name
LIST FAMILY CHARITABLE FOUNDATION, INC.



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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0253208		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
LIST, ROBERT E. JEWISH FEDERATION OF PALM BCH CTY, INC 4601 COMMUNITY DR WEST PALM BCH FL 33417				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				FL		Zip Code	

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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 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	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, MICHELLE W		NAME	Wasch, Michelle	
STREET ADDRESS	2652 N.W. 46 STREET		STREET ADDRESS	4601 Community Drive	
CITY-ST-ZIP	BOCA RATON FL 33434		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 607, 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: **SIGNATURE REQUIRED**

Michelle

CR2E037 (10/02)