

**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
**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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0253208**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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
NAME	LIST, ROBERT E.	
STREET ADDRESS	218 TANGIER AVE	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LIST, CYNTHIA S.	
STREET ADDRESS	218 TANGIER AVE	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREEN, BARBARA	
STREET ADDRESS	583 NORTH LAKE WAY	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMON, ADELE	
STREET ADDRESS	1883 INDIAN ROAD	
CITY-ST-ZIP	LAKE CLARKE SHORES FL 33406	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BERMAN, EILEEN	
STREET ADDRESS	13170 CRISA DR	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCHWARTZ, MICHELLE W	
STREET ADDRESS	2652 N.W. 46 STREET	
CITY-ST-ZIP	BOCA RATON FL 33434	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T	
STREET ADDRESS	Wasch, Michelle	
CITY-ST-ZIP	4601 Community Drive 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 Wasch

CR2E037 (10/02)