

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

04-21-2004 90010 011 ****61.25

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N98000004394

1. Entity Name
THE JOAN F. & SIDNEY S. FABER FOUNDATION, INC.



Principal Place of Business
4601 COMMUNITY DRIVE
WEST PALM BEACH, FL 33417

Mailing Address
4601 COMMUNITY DRIVE
WEST PALM BEACH, FL 33417

54037390



04142004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0861757
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHWARTZ, MICHELLE W. ~~aka~~
JEWISH FEDERATION OF PALM BEACH COUNTY
4601 COMMUNITY DRIVE
WEST PALM BEACH, FL 33417

**DO NOT WRITE
IN THIS SPACE**

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

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

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FABER, SIDNEY
STREET ADDRESS 131 PAR DRIVE
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE STD
NAME WASCH, MICHELLE
STREET ADDRESS 4601 COMMUNITY DR
CITY-ST-ZIP WEST PALM BEACH, FL 33417

TITLE VD
NAME SIMON, ADELE
STREET ADDRESS 1883 INDIAN ROAD
CITY-ST-ZIP WEST PALM BEACH, FL 33406

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-478-0700