2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004394

FILED Apr 27, 2005 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

4601 COMMUNITY DRIVE WEST PALM BEACH, FL 33417

Current Mailing Address: New Mailing Address:

4601 COMMUNITY DRIVE WEST PALM BEACH, FL 33417

FEI Number: 65-0861757 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WASH, MICHELLE JEWISH FEDERATION OF PALM BEACH COUNTY 4601 COMMUNITY DRIVE WEST PALM BEACH, FL 33417 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: FABER, SIDNEY Name: FABER, SIDNEY

Name: FABER, SIDNEY Name: FABER, SIDNEY
Address: 131 PAR DRIVE Address: 2441 VILLAGE BLVD APT 405

City-St-Zip: ROYAL PALM BEACH, FL 33411 City-St-Zip: WEST PALM BEACH, FL 33409

Title: STD () Delete Title: () Change () Addition

 Name:
 WASCH, MICHELLE
 Name:

 Address:
 4601 COMMUNITY DR
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33417
 City-St-Zip:

Title: VD () Delete Title: () Change () Addition

 Name:
 SIMON, ADELE
 Name:

 Address:
 1883 INDIAN ROAD
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33406
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 S/T 04/27/2005