

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004394

FILED
Apr 25, 2007
Secretary of State

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

Current Principal Place of Business:

4601 COMMUNITY DRIVE
WEST PALM BEACH, FL 33417

New Principal Place of Business:

Current Mailing Address:

4601 COMMUNITY DRIVE
WEST PALM BEACH, FL 33417

New Mailing Address:

FEI Number: 65-0861757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WASCH, 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: MICHELLE WASCH

04/25/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FABER, SIDNEY
Address: 2441 VILLAGE BLVD APT 405
City-St-Zip: WEST PALM BEACH, FL 33409

Title: STD () Delete
Name: WASCH, MICHELLE
Address: 4601 COMMUNITY DR
City-St-Zip: WEST PALM BEACH, FL 33417

Title: VD () Delete
Name: SIMON, ADELE
Address: 1883 INDIAN ROAD
City-St-Zip: WEST PALM BEACH, FL 33406

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:

I hereby certify that the information supplied with this filing does not qualify 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

STD

04/25/2007

Electronic Signature of Signing Officer or Director

Date