


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F00000003559</b> 1. Entity Name ZIONIST ORGANIZATION OF AMERICA, INC.	
---	---

Principal Place of Business 4 EAST 34TH STREET ATTN: COMPTROLLER NEW YORK, NY 10016	Mailing Address 4 EAST 34TH STREET ATTN: COMPTROLLER NEW YORK, NY 10016
--	--

**DO NOT WRITE IN THIS SPACE**



06292005 No Chg-NP CR2E037 (10/03)

4. FEI Number 13-5628475	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GROSSBERG, AL  
8211 N.W. 91ST AVENUE  
TAMARAC, FL 33321

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KLEIN, MORTON A 262 LINDEN LANE MERION, PA 19066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAUFMAN, JEROME DR. 1728 ST. JOHNS COURT BLOOMFIELD HILLS, MI 48302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHWARTZ, HENRY 155-25 STYLER ROAD JAMAICA, NY 11433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MARZUREK, ALAN DR. 371 MERRICK ROAD ROCKVILLE CENTER, NY 1570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD FRANZBLAU, MICHAEL 768 MONTECILLO ROAD SAN RAFAEL, CA 94903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORBACH, MICHAEL 111 ORIENTAL BLVD. BROOKLIN, NY 11235

**DO NOT WRITE  
IN THIS SPACE**

UD0000370655  
07/05/05-80025-013 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 # \_\_\_\_\_