2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003559

FILED Apr 04, 2008 Secretary of State

Entity Name: ZIONIST ORGANIZATION OF AMERICA, INC.

Current Pri	incipal Place o	of Business:	New Princip	New Principal Place of Business:		
4 EAST 34TH STREET ATTN: COMPTROLLER NEW YORK, NY 10016			ATTN: CON	4 EAST 34TH STREET ATTN: CONTROLLER NEW YORK, NY 10016		
Current Mailing Address:			New Mailing	New Mailing Address:		
	TH STREET MPTROLLER K, NY 10016					
FEI Number:	13-5628475	FEI Number Applied For ()	FEI Number Not Applica	able () Cer	rtificate of Status Desired ()	
Name and	Address of Cu	rrent Registered Agent:	Name and A	ddress of New	Registered Agent:	
GROSSBERG, AL 8211 N.W. 91ST AVENUE TAMARAC, FL 33321 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 Agen	t		Date	
OFFICERS AND DIRECTORS:			ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () E KLEIN, MORTON 262 LINDEN LAN MERION, PA 190	E	Title: Name: Address: City-St-Zip:	()Char	nge () Addition	
Title: Name: Address: City-St-Zip:	S () E KAUFMAN, JERO 1728 ST. JOHNS BLOOMFIELD HI	COURT	Title: Name: Address: City-St-Zip:	()Char	nge()Addition	
Title: Name: Address: City-St-Zip:	T () E SCHWARTZ, HEN 155-25 STYLER JAMAICA, NY 11	ROAD	Title: Name: Address: City-St-Zip:	()Char	nge()Addition	
Title: Name: Address: City-St-Zip:	CD () E MARZUREK, ALA 371 MERRICK RO ROCKVILLE CEN	DAD	Title: Name: Address: City-St-Zip:	()Char	nge()Addition	
Title: Name: Address: City-St-Zip:	MD () E FRANZBLAU, MIC 768 MONTECILLO SAN RAFAEL, CA	O ROAD	Title: Name: Address: City-St-Zip:	()Char	nge()Addition	
Title: Name: Address: City-St-Zip:	GOLDBLATT, MIC 287 STOKES CIR		Title: Name: Address: City-St-Zip:	()Char	nge()Addition	
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: FAWN ENG CONT 04/04/2008