

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002425

FILED
Jan 10, 2007
Secretary of State

Entity Name: ISRAEL CHILDRENS CENTERS, INC.

Current Principal Place of Business:

2151 WEST HILLSBORO BLVD
306
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

2151 WEST HILLSBORO BLVD
306
DEERFIELD BEACH, FL 33442

New Mailing Address:

FEI Number: 13-2961273 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HORENSTEIN, CARY
10270 NW 52 ST
CORAL SPRINGS, FL 33076 US

Name and Address of New Registered Agent:

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:

Title: B () Delete
Name: RABINOWITZ, SHELDON
Address: ONE SW 1ST STREET
City-St-Zip: DES MOINES, IA 50312

Title: T () Delete
Name: KARATZ, SUE
Address: 6333 N SCOTTSDALE RD #10
City-St-Zip: SCOTTSDALE, AZ 85250

Title: B () Delete
Name: WERNER, ROBERT
Address: 3000 ISLAND BLVD., #3001
City-St-Zip: WILLIAMS ISLAND, FL 33160

Title: P () Delete
Name: FEINBERG, BARRY
Address: 8403 EGRET MEADOW LANE
City-St-Zip: WEST PALM BEACH, FL 33412

Title: D () Delete
Name: GREENSPON, LARRY
Address: 6131 GULF OF MEXICO DR
City-St-Zip: LONGBOAT KEY, FL 34228

Title: ED () Delete
Name: DANNIER, JEFF
Address: 4816 NW 97 MANOR
City-St-Zip: CORAL SPRINGS, FL 33076

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:

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 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: BARRY FEINBERG

PRES

01/10/2007

Electronic Signature of Signing Officer or Director

_____ Date