

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732287

Entity Name: ALEXANDER MUSS INSTITUTE FOR ISRAEL EDUCATION, INC.**Current Principal Place of Business:**78 RANDALL AVENUE
ROCKVILLE CENTRE, NY 11570**Current Mailing Address:**78 RANDALL AVENUE
ROCKVILLE CENTRE, NY 11570 US**FEI Number: 59-0173782****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SOKOL, JERRY
333 AVENUE OF THE AMERICAS, #4500
MIAMI, FL 33131 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**Officer/Director Detail :**

Title	CHAIRMAN
Name	MUSS, STEPHEN
Address	78 RANDALL AVENUE
City-State-Zip:	ROCKVILLE CENTRE NY 11570

Title	VC
Name	LEDER, SEAN
Address	78 RANDALL AVENUE
City-State-Zip:	ROCKVILLE CENTRE NY 11570

Title	VC
Name	WERNER, RONALD
Address	78 RANDALL AVENUE
City-State-Zip:	ROCKVILLE CENTRE NY 11570

Title	ASSISTANT TREASURER
Name	BUDOWSKY, ROBERT
Address	78 RANDALL AVENUE
City-State-Zip:	ROCKVILLE CENTRE NY 11570

Title	SECRETARY/TREASURER
Name	WERNER, ROBERT I
Address	78 RANDALL AVENUE
City-State-Zip:	ROCKVILLE CENTRE NY 11570

Title	VC
Name	BEBCHICK, LEONARD
Address	6321 LENNOX ROAD
City-State-Zip:	BETHESDA MD 20817

Title	VC
Name	MUSS, SANDRA
Address	78 RANDALL AVENUE
City-State-Zip:	ROCKVILLE CENTRE NY 11570

Title	CEO
Name	GAZIT, EIRAN
Address	78 RANDALL AVENUE
City-State-Zip:	ROCKVILLE CENTRE NY 11570

I hereby 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 all other like empowered.

SIGNATURE: ROBERT WERNER**SECRETARY-TREASURER 03/31/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date