2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007
Secretary of State

DOCUMENT# 754967

Entity Name: AHAVAT ISRAEL, INC.

Current Principal Place of Business:

4008 GREENMARK LANE
VALRICO, FL 33594

New Principal Place of Business:

Current Mailing Address:

3433 LITHIA PINCREST ROAD
VALRICO, FL 33594

New Mailing Address:

3433 LITHIA PINCREST ROAD
#349
VALRICO, FL 33594

FEI Number: 59-2099030 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALTERS, GLORIA
2019 BELL RANCH STREET
BRANDON, FL 33511 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:	PD	( ) Delete
Name:	BUFORD, BRACHA BOBBIE	
Address:	4008 GREENMARK LANE	
City-St-Zip:	VALRICO, FL 33594	
Title:	SD	( ) Delete
Name:	HEATH, LINDA	
Address:	2835 SPRINGDELL CIRCLE	
City-St-Zip:	VALRICO, FL 33594	
Title:	TD	( ) Delete
Name:	FARMER, SANDY D	
Address:	238 MYSTIC FALLS DRIVE	
City-St-Zip:	APOLLO BEACH, FL 33572	
Title:	D	( ) Delete
Name:	BUFORD, MIKE	
Address:	4008 GREENMARK LANE	
City-St-Zip:	VALRICO, FL 33510	
Title:	D	( ) Delete
Name:	WYATT, SUZANNE	
Address:	1515 LIMONA ROAD	
City-St-Zip:	BRANDON, FL 33510	
Title:	D	( ) Delete
Name:	MILLER, JAMES	
Address:	3611 SAVANNAH LAKE PLACE	
City-St-Zip:	VALRICO, FL 33594	

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: SANDY D FARMER TREA 02/01/2007

Electronic Signature of Signing Officer or Director — Date