

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754967

FILED  
Mar 02, 2009  
Secretary of State

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  
#349  
VALRICO, FL 33594

## New Mailing Address:

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:

CURRAN, DONNA  
3034 COLONIAL RIDGE DRIVE  
BRANDON, FL 33511 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: DONNA CURRAN

03/02/2009

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: SD (X) Change ( ) Addition  
Name: DONAHUE, TANYA  
Address: 5705 EAGLEMOUNT CIRCLE  
City-St-Zip: LITHIA, FL 33547

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: D (X) Change ( ) Addition  
Name: COLEMAN, GRANT  
Address: 7134 DICKEY  
City-St-Zip: DOVER, FL 33527

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: BRACHA BUFORD

PD

03/02/2009

Electronic Signature of Signing Officer or Director

Date