FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # 762384 (6)

1. Corporation Name

AMERICAN FRIENDS OF MEVASERET ZION, INC.

Principal Place of Business	Mailing Address
% DR. NORMAN BLOOM 3909 GARDEN AVE MIAMI BCH FL 33140	C/O RABBI MEIR FELMAN 3909 GARDEN AVE APT 1 MIAMI BCH FL 33140 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/10/1982
3a. Date of Last Report: 07/18/1994
4. FEI Number: 59-2190062 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

9. Name and Address of Current Registered Agent

BLOOM, NORMAN, DR.
17220 N.E. 12TH AVENUE
NORTH MIAMI BEACH FL 33102

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	RABHI MEIR FELMANA	1.2 NAME	
STREET ADDRESS	3909 GARDEN AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	HELON FELMAN	2.2 NAME	
STREET ADDRESS	3909 GARDEN AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition
NAME	NORMAN BLOOM	3.2 NAME	
STREET ADDRESS	3909 GARDEN AVE APT 1	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	SAM, COHENY	4.2 NAME	
STREET ADDRESS	4101 PINETREE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH. FL 33141-0	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	☐ Change ☐ Addition
NAME	FELMAN, RABBI MEIR	5.2 NAME	
STREET ADDRESS	3909 GARDEN AVE,APT 1	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Meir Felman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007030