


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90017 043 ****61.25

DOCUMENT # 767709 1. Entity Name BNEI ZION CHARITIES, INC.	
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Principal Place of Business 4577 N MERIDIAN AVE % W GORDON MIAMI, FL 33140	Mailing Address 4577 N MERIDIAN AVE % W GORDON MIAMI, FL 33140
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DO NOT WRITE IN THIS SPACE

40000858



01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2289166	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GORDON, W
4577 N MERIDIAN AVE
MIAMI, FL 33140

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENBERGER, SAUL 1238-50 ST BKLYN, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEICHMAN, DAVID 1307 AVE N BKLYN, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON, GERALD 455 E 18 ST BROOKLYN, NY 11226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GORDON, WILLIAM 4577 N MERIDIAN AVE MIAMI BCH, FL 00000.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KUCZYNSKI, LAWRENCE 4210 ALTON RD. MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **1/6/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #