FILED
Jan 09, 2007 08:00 A
Secretary of State

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 767709

1. Entity Name
BNEI ZION CHARITIES, INC.

Principal Place of Business
4577 N MERIDIAN AVE
% W GORDON
MIAMI, FL 33140

Mailing Address
4577 N MERIDIAN AVE
% W GORDON
MIAMI, FL 33140

DO NOT WRITE IN THIS SPACE

01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2239165 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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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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 reinstating) Date

Filing Fee is $61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GREENBERGER, SAUL
STREET ADDRESS	1236-50 ST
CITY-ST-ZIP	BKLYN, NY
TITLE	D
NAME	TEICHMAN, DAVID
STREET ADDRESS	1307 AVE N
CITY-ST-ZIP	BKLYN, NY
TITLE	D
NAME	GORDON, GERALD
STREET ADDRESS	455 E 16 ST
CITY-ST-ZIP	BROOKLYN, NY 11226
TITLE	PTD
NAME	GORDON, WILLIAM
STREET ADDRESS	4577 N MERIDIAN AVE
CITY-ST-ZIP	MIAMI BCH, FL 00000
TITLE	VSD
NAME	KUCZYNSKI, LAWRENCE
STREET ADDRESS	4210 ALTON RD.
CITY-ST-ZIP	MIAMI BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/07-80046-014 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: ______________________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #