

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767709

FILED
Jan 06, 2009
Secretary of State

Entity Name: BNEI ZION CHARITIES, INC.

Current Principal Place of Business:

4577 N MERIDIAN AVE
% W GORDON
MIAMI, FL 33140

New Principal Place of Business:

Current Mailing Address:

4577 N MERIDIAN AVE
% W GORDON
MIAMI, FL 33140

New Mailing Address:

FEI Number: 59-2289166 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORDON, W
4577 N MERIDIAN AVE
MIAMI, FL 33140 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: D () Delete
Name: GREENBERGER, SAUL
Address: 1236-50 ST
City-St-Zip: BKLYN, NY

Title: D () Delete
Name: TEICHMAN, DAVID
Address: 1307 AVE N
City-St-Zip: BKLYN, NY

Title: D () Delete
Name: GORDON, GERALD,
Address: 455 E 16 ST
City-St-Zip: BROOKLYN, NY 11226

Title: PTD () Delete
Name: GORDON, WILLIAM,
Address: 4577 N MERIDIAN AVE
City-St-Zip: MIAMI BCH, FL 00000,

Title: VSD () Delete
Name: KUCZYNSKI, LAWRENCE,
Address: 4210 ALTON RD.
City-St-Zip: MIAMI BEACH, FL

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:

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: WILLIAM GORDON

PRES

01/06/2009

Electronic Signature of Signing Officer or Director

Date