2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

130 E. 59TH. ST. STE 1208 / 20 5 NEW YORK NY 10022

DOCUMENT # 855728

130 E. 59TH, ST. STE 1206 / 1005 NEW YORK NY 10022

1. Entity Name

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

WIZO - WOMEN'S INTERNATIONAL ZIONIST ORGANISATION CORPORATION



Country

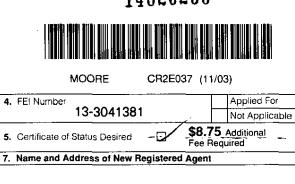
Name

Street Address (P.O. Box Number is Not Acceptable)

FILED May 04, 2004 8:00 am Secretary of State

05-04-2004 90182 046 ****70.00

14020400



WIGODA, EDITH 345 NORTH SHORE DR MIAMI BEACH FL 33141

Country

6. Name and Address of Current Registered Agent

14117 (WII DEACTTE 33141						
			City		FL	Zip Code	:
	e named entity submits this statement for the purpo- tions of registered agent.	se of changing its reg	gistered office or reg	istered agent, or both, in	the State of Florida. I am fa	miliar with, a	and accept
SIGNATURE :	Signature, typed or printed name of registered agent and little if applie	cable. (NOTE: Re	egistered Agent signature rea	quired when reinstating)	DATE		
	FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campa Trust Fund Con	• -	\$5.00 May Be Added to Fees	Make Check Florida Departi		
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANG	ES TO OFFICERS AND DIRI	CTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOMMER, EVELYN 570 PARK AVE NEW YORK NY 10021	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SABO, SOPHIE 188-65 85 ROAD HOLLISWOOD NY 11423	☐ Delete	TITLE NAME STREET ADDRESS =CITY-ST-ZIP-~	****		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD IVCHER, MERCEDES 19667 TURNBERRY WAY N MIAMI BEACH FL 33180	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with this filing o	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition

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 of 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

3/4/2014

2127516461

Daytime Phone #