2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2005 8:00 am
Secretary of State
02-02-2005 90053 019 ****70.00

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DOCUMENT # 855728

1. Entity Name
WIZO - WOMEN'S INTERNATIONAL ZIONIST ORGANISATION CORPORATION

Principal Place of Business	Mailing Address
~~130 E. 59TH. ST. STE 1206~~	~~130 E. 59TH. ST. STE 1205~~
NEW YORK, NY 10022	NEW YORK, NY 10022

2. Principal Place of Business	3. Mailing Address
950 3rd Avenue	950 3rd Avenue
Suite, Apt. #, etc. #901	Suite, Apt. #, etc. 9th fl
City & State New York, NY	City & State New York NY
Zip 10022 County USA	Zip 10011 County USA

01112005 Chg-NP CR2E037 (10/03)

4. FEI Number 13-3041381 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WIGODA, EDITH 345 NORTH SHORE DR MIAMI BEACH, FL 33141	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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: X Evelyn Sommer 7/27/05
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, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 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	ST Sophie Sabo ☑ Change ☐ Addition 300 East 56th St. 32M Newyork, NY 10022
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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 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: Evelyn Sommer EVELYN SOMMER 7/27/05 212 751-6461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #