

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 08, 2006 08:00 AM
Secretary of State

DOCUMENT # 855728

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



Principal Place of Business

**950 3RD AVE
901
NEW YORK, NY 10022**

Mailing Address

**950 3RD AVE
901
NEW YORK, NY 10022**



07072006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**WIGODA, EDITH
345 NORTH SHORE DR
MIAMI BEACH, FL 33141**

**DO NOT WRITE
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 reinstating)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000573791
08/08/06-80001-008 70.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOMMER, EVELYN 570 PARK AVE NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SABO, SOPHIE 300 EAST 56TH ST, 32N NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD IVCHER, MERCEDES 19667 TURNBERRY WAY N MIAMI BEACH, FL 33180

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 fees empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/10/06 212 7516461