2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # 855728

1. Entity Name

WIZO - WOMEN'S INTERNATIONAL ZIONIST ORGANISATION CORPORATION



Principal Place of Business

950 3RD AVE

901

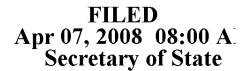
NEW YORK, NY 10022

Mailing Address

950 3RD AVE

901

NEW YORK, NY 10022





04012008 No Chg-NP

CR2E037 (4/06)

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

SIGNATURE:

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	of applicable. (NOTE, Registered	Agent signature	required when reinstating)	DATE
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Financ Trust Fund Contribution.	oing	\$5.00 May Be Added to Fees	U00000885885 04/18/08-80031-015 70.00
10.	OFFICERS AND DIRE	CTORS			
FITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOMMER, EVELYN 570 PARK AVE NEW YORK, NY 10021	:			The second secon
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
TITLE NAME STREET ADDRESS CHY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STHEET 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 appurate 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 receive 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.					

ME OF SIGNING OFFICER OR DIRECTOR