


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 855728</b>		
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	

**DO NOT WRITE IN THIS SPACE**



04012008 No Chg-NP CR2E037 (4/06)

4. FEI Number 13-3041381	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**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 May 1, 2008**

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

U00000885885  
04/18/08-80031-015 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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 like empowered.

**SIGNATURE:**

*Evelyn Sommer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/08 212 7516461