

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005
Secretary of State

DOCUMENT# F00000000814

Entity Name: BNAI ZION FOUNDATION, INC.

Current Principal Place of Business:

4400 N. FEDERAL HWY #204
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

4400 N. FEDERAL HWY #204
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 13-2572288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUDICK, SUZANNE J
4400 N. FEDERAL HWY. #204
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: AT () Delete
Name: VOGELMAN, DONALD H
Address: 15 TURNER DRIVE
City-St-Zip: NEW ROCHELLE, NY 10804

Title: EV () Delete
Name: PARNESS, MEL
Address: 200 WINSTON DR #1020
City-St-Zip: CLIFFSIDE PARK, NJ 07010

Title: S () Delete
Name: GRUNSPAN, JACK
Address: 59 DIAMOND DR
City-St-Zip: PLAINVIEW, NY 11803

Title: T () Delete
Name: IGNAL, AARON
Address: 216-39 28TH RD
City-St-Zip: BAYSIDE, NY 11360

Title: P () Delete
Name: LAZAR, MICHAEL J
Address: 575 PARK AVE #107
City-St-Zip: NEW YORK, NY 10021

Title: C () Delete
Name: SCHAEFFER, GEORGE W
Address: 612 N. MAPLE DR
City-St-Zip: BEVERLY HILLS, CA 90210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MEL PARNESS

EV

02/25/2005

Electronic Signature of Signing Officer or Director

_____ Date