## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F00000000814

Entity Name: BNAI ZION FOUNDATION, INC.

FILED Jan 12, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3550 NE 169TH ST #407

NO MIAMI BEACH, FL 33160

Current Mailing Address: New Mailing Address:

136 EAST 39TH ST NEW YORK, NY 10016

FEI Number: 13-2572288 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GRUNPAN, JACK GLASTEIN, EILEEN 3550 NE 169TH ST #407

NEW YORK, NY, FL 10016 US N MIAMI BEACH, FL 33160 US

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: EILEEN GLASTEIN 01/12/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition () Delete VOGELMAN, DONALD H Name: Name: 15 TURNER DRIVE Address: Address: City-St-Zip: NEW ROCHELLE, NY 10804 City-St-Zip: Title: ( ) Delete Title: () Change () Addition PARNESS, MEL Name: Name: Address: 200 WINSTON DR #1020 Address: City-St-Zip: CLIFFSIDE PARK, NJ 07010 City-St-Zip: Title: () Delete Title: () Change () Addition GRUNSPAN, JACK Name: Name: 59 DIAMOND DR Address: Address: City-St-Zip: PLAINVIEW, NY 11803 City-St-Zip: Title: ( ) Delete Title: () Change () Addition DIAMOND, GABRIELLA Name: Name: 731 DICKENS AVENUE Address: Address: City-St-Zip: FRANKLIN SQUARE, NY 11010 City-St-Zip: Title: Title: () Delete () Change () Addition SCHAEFFER, GEORGE W Name: Name: 612 N. MAPLE DR Address: Address: City-St-Zip: BEVERLY HILLS, CA 90210 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition GLASTEIN, EILEEN Name: Name: Address: Address: 3550 NE 169TH ST #407 N MIAMI BEACH, FL 33160 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: EILEEN GLASTEIN VP 01/12/2009