


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90034 022 ****61.25

DOCUMENT # F02000004394					
1. Entity Name AMERICAN FRIENDS OF KOLLEL ZICHRON SHIMON, INC.					
Principal Place of Business 860 GATEWAY HILLSIDE, NJ 08701			Mailing Address 4161 PARKVIEW DR HOLLYWOOD, FL 33021		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 22-3743356	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOBOL, EPHRAIM 4161 PARKVIEW DR HOLLYWOOD, FL 33021			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CDP SOBOL, EPHRAIM 4161 PARKVIEW DR HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
DS RUBIN, ALAN 25 ROCKWOOD PLACE ENGLEWOOD, NJ 07631	<input type="checkbox"/> Delete	DS ALAN RUBIN 1415 QUEEN ANNE RD. TRENECK, NJ 07666	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
DT POMBECK, SETH 860 GATEWAY HILLSIDE, NJ 08701	<input type="checkbox"/> Delete	DT SETH DOMBECK 935 WESTMINSTER AVE. HILLSIDE, NJ 07205	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
_____ _____ _____ _____	<input type="checkbox"/> Delete	_____ _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
_____ _____ _____ _____	<input type="checkbox"/> Delete	_____ _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
_____ _____ _____ _____	<input type="checkbox"/> Delete	_____ _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/1/08 <small>Date</small>		
<small>Daytime Phone #</small>					