# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 30, 2009**
**Secretary of State**

DOCUMENT# F05000001873

**Entity Name:** ONE FAMILY FUND-ISRAEL EMERGENCY SOLIDARITY FUND, INC.

**Current Principal Place of Business:**

1029 TEANECK ROAD
3B
TEANECK, NJ 07666

**New Principal Place of Business:**

**Current Mailing Address:**

1029 TEANECK ROAD
3B
TEANECK, NJ 07666

**New Mailing Address:**

**FEI Number: 11-3585917** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

KOTLER, ARIEL MR.
5890 SOUTH PINE ISLAND ROAD
DAVIE, FL 5933 US

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

RADNOR, MARTY MR.
5890 SOUTH PINE ISLAND ROAD
DAVIE, FL 33328 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: MARTIN RADNOR 03/30/2009
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete
Name: BELZBERG, MARC MR.
Address: POB 45002, BYNET BUILDING
City-St-Zip: JERUSALEM, ISRAEL, IS 91450

Title: V ( ) Delete
Name: BELZBERG, CHANTAL MS
Address: POB 45002, BYNET BUILDING
City-St-Zip: JERUSALEM, ISRAEL, IS 91450

Title: D ( ) Delete
Name: KOTLER, ARIEL MR.
Address: 1029 TEANECK ROAD 3B
City-St-Zip: TEANECK, NJ 07666

Title: D (X) Delete
Name: SUGAR, PENNY MS.
Address: 5890 SOUTH PINE ISLAND ROAD
City-St-Zip: DAVIE, FL 33180

Title: V (X) Delete
Name: ENNIS, LORELEI MRS.
Address: 3455 STALLION LANE
City-St-Zip: WESTON, FL 33331

Title: V (X) Delete
Name: ENNIS, ROBERT DR.
Address: 3455 STALLION LANE
City-St-Zip: WESTON, FL 33331

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: C (X) Change ( ) Addition
Name: BELZBERG, MARC MR.
Address: 28 RACHEL IMENU
City-St-Zip: JERUSALEM, ISRAEL, IS 91450

Title: V (X) Change ( ) Addition
Name: BELZBERG, CHANTAL MS
Address: 28 RACHEL IMENU
City-St-Zip: JERUSALEM, ISRAEL, IS 91450

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
Name:
Address:
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: MR. ARIEL KOTLER D 03/30/2009
Electronic Signature of Signing Officer or Director Date