2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002425

FILED Mar 19, 2009 Secretary of State

Entity Name: ISRAEL CHILDRENS CENTERS, INC.

Current Principal Place of Business:			New Principal	New Principal Place of Business:	
	ST HILLSBORG) BLVD			
102 DEERFIEI	LD BEACH, FL	33442			
Current Mailing Address:			New Mailing A	New Mailing Address:	
3275 WES	ST HILLSBORG) BLVD			
102 DEERFIEI	LD BEACH, FL	33442			
El Number	: 13-2961273	FEI Number Applied For ()	FEI Number Not Applicable	() Certificate of Status Desired ()	
lame and	d Address of C	Current Registered Agent:	Name and Add	ress of New Registered Agent:	
10270 NW	TEIN, CARY / 52 ST PRINGS, FL 3	3076 US			
	e named entity : e of Florida.	submits this statement for the	purpose of changing its reg	gistered office or registered agent, or both,	
SIGNATU					
	Electror	nic Signature of Registered Ag	jent	Date	
FFICER	S AND DIREC	TORS:	ADDITIONS/CF	IANGES TO OFFICERS AND DIRECTOR	
itle: lame: .ddress: :ity-St-Zip:	B () RABINOWITZ, ONE SW 1ST S DES MOINES,	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
itle: lame: ddress: :ity-St-Zip:	KARATZ, SUE) Delete SDALE RD #10 AZ 85250	Title: Name: Address: City-St-Zip:	() Change () Addition	
:41	B () WERNER, ROE) Delete BERT	Title: Name:	() Change () Addition	
lame: .ddress:	3000 ISLAND E WILLIAMS ISLA	BLVD., #3001 AND, FL 33160	Address: City-St-Zip:		
lame: .ddress: city-St-Zip: itle: lame: .ddress:	WILLIAMS ISLA P () FEINBERG, BA 8403 EGRET M	AND, FL 33160) Delete RRY		()Change ()Addition	
itle: lame: kddress: City-St-Zip: itle: lame: kddress: City-St-Zip: itle: lame: kddress: City-St-Zip: itle: lame: kddress: City-St-Zip:	WILLIAMS ISLA P () FEINBERG, BA 8403 EGRET N WEST PALM B	AND, FL 33160) Delete kRRY MEADOW LANE EACH, FL 33412) Delete LARRY MEXICO DR	City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	

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: CARY HORENSTEIN CFO 03/19/2009