

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 18, 2004 8:00 am
Secretary of State

04-26-2004 90540 038 ****70.00

DOCUMENT # N03000007803

1. Entity Name

FLORIDA/SAR-EL VOLUNTEERS FOR ISRAEL, INC.



Principal Place of Business

6501 W. SUNRISE BLVD.
PLANTATION FL 33313

Mailing Address

6501 W. SUNRISE BLVD.
PLANTATION FL 33313

2. Principal Place of Business

26 PRESTON A

3. Mailing Address

26 PRESTON A

Suite, Apt. #, etc.

#26

Suite, Apt. #, etc.

#26

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33434

Country

U.S.

Zip

33434

Country

U.S.

4. FEI Number

81-9632727

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

LOBEL, EMMA
26 PRESTON "A"
CENTURY VILLAGE
BOCA RATON FL 33434

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME LOBEL, EMMA ☐ Delete
STREET ADDRESS 6501 W. SUNRISE BLVD.
CITY-ST-ZIP PLANTATION FL 33313

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME LEO GOTTIEB ☐ Change ☒ Addition
STREET ADDRESS 7300 AMBERLY LANE #302
CITY-ST-ZIP DELRAY BCH, FL 33446

TITLE
NAME JOELIA KATZ ☐ Change ☒ Addition
STREET ADDRESS 8790 HOLLY CT #101
CITY-ST-ZIP TAMARAC, FL 33321

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Emma Lobel - EMMA LOBEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04-23-04

Daytime Phone #