

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000520

FILED  
Apr 20, 2009  
Secretary of State

**Entity Name:** THE HOUSE OF ISRAEL REUNITED, INC.

**Current Principal Place of Business:**

318 S. OSCEOLA AVENUE  
INVERNESS, FL 34452

**New Principal Place of Business:**

**Current Mailing Address:**

318 S. OSCEOLA AVENUE  
INVERNESS, FL 34452

**New Mailing Address:**

**FEI Number:** 81-0642409

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WALLS, PAULA G  
318 S. OSCEOLA AVENUE  
INVERNESS, FL 34452 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ROWE, ROBERT H  
Address: 5700 E BLUE HERON LANE  
City-St-Zip: INVERNESS, FL 34452

Title: PD ( ) Delete  
Name: LOU GILBERT, RABBI M  
Address: 457 N. ROOKS AVENUE  
City-St-Zip: INVERNESS, FL 34453

Title: STD ( ) Delete  
Name: WALLS SR, LAWRENCE W RABBI  
Address: 318 S. OSCEOLA AVENUE  
City-St-Zip: INVERNESS, FL 34452

Title: D ( ) Delete  
Name: FREEMAN, BYRON  
Address: 12351 S HYACINTH DR  
City-St-Zip: FLORAL CITY, FL 34436

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

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: LAWRENCE W WALLSSR

STD

04/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date