FILE NOW: FILING FEE IS \$61.25

FILED NONPROFIT FLORIDA DEPARTMENT OF STATE Feb 04 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** (5)UNITED ISRAEL CHARITIES, INC. Principal Place of Business Mailing Address 7661 SIERRA DRIVE W. 7661 SIERRA DRIVE W. 3. Date Incorporated or Qualified **BOCA RATON FL 33433** BOCA RATON FL 33433 12/27/1985 118 4. FEI Number Applied For Not Applicable 59-2659890 2a. Mailing Address 2. Principal Place of Business \$8.75 Additional 5. Certificate of Status Desired 26 21 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 22 27 City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes **⊠**No 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 RABBI Street Address (P.O. Box Number is Not Acceptable) 7661 SIERRA DRIVE W. 83 **BOCA RATON FL 33433** Zip Code SIGNATURE 12. 13. FICERS AND DIREC TITLE DELETE Change 1.1 TITLE GERALD NAME GOLDSTEIN, RABBI 1.2 NAME STREET ADDRESS 7661 SIERRA DRIVE 1.3 STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP 1.4 CITY - ST-7IP Addition DELETE Channe TITLE 2.1 TITLE NAME GOLDSTEIN, DAIVD ESQ. 2.2 NAME 8930 SLEEPING BEAR RD. 2.3 STREET ADDRESS STREET ADDRESS SKOKIE IL 60076 CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition 3.1 TITLE TITLE SINGER, RABBI 3.2 NAME NAME 662 LEFFERTS AVE. STREET ADDRESS 3.3 STREET ADDRESS CITY - ST-ZIP **BROOKLYN NY** 3.4. CITY - ST-ZIP DELETE Change Addition TITLE SD 4.1 TITLE SHUCHAT, RACHEL 4. 2 NAME NAME 447 TROY AVE. 4.3 STREET ADDRESS STREET ADDRESS BROOKLYN NY 11203 CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition 5.1 TITLE Change TITLE GLUECK, REBECCA 5.2 NAME NAME

E037

Change

<u>JAN 1898</u>

Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADORESS

CITY - ST - ZIP

CITY-ST-ZIP

TIRE NAME 4561 PRAIRE AVENUE

MIAMI BEACH FL