

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90013 047 ****70.00

DOCUMENT # N12756	
1. Entity Name UNITED ISRAEL CHARITIES, INC.	



Principal Place of Business 200 BONNIE CT. SATELLITE BEACH, FL 32937-3003 US 2919	Mailing Address P.O. BOX 880085 BOCA RATON, FL 33488-0085 US
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94010233




2. Principal Place of Business 499 Grant Ave Satellite Beach, FL 32937-2919	3. Mailing Address Suite, Apt. #, etc.
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01262004 Chg-NP CR2E037 (10/03)

City & State	City & State
Zip	Country

4. FEL Number 59-2659890	Applied For Not Applicable
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6. Name and Address of Current Registered Agent GOLDSTEIN, GERALD RABBI 200 BONNIE CT. SATELLITE BEACH, FL 32937	
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7. Name and Address of New Registered Agent Name  Rabbi Gerald Goldstein 499 Grant Ave. Satellite Bch, FL 32937 - 2919 City FL Zip Code	
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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  **Rabbi Gerald Goldstein** **Feb 3 2004**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDSTEIN, GERALD RABBI 200 BONNIE CT. SATELLITE BEACH, FL 329373003 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GOLDSTEIN, DAVID ESQ. 8930 SLEEPING BEAR RD. SKOKIE, IL 60076 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SINGER, DANIEL RABBI 662 LEFFERTS AVE. BROOKLYN, NY 11203 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHUCHAT, RACHEL 447 TROY AVE. BROOKLYN, NY 11203 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 499 Grant Ave Satellite Beach, FL 32937-2919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4001 GREENWOOD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **RABBI GERALD GOLDSTEIN** **3 Feb 2004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

321.626.1366