
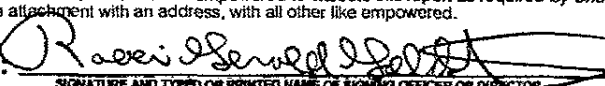


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 25, 2007 08:00 AM
Secretary of State**

DOCUMENT # N12756 1. Entity Name UNITED ISRAEL CHARITIES, INC.		
Principal Place of Business 21906 LAKE FOREST CIR APT. 201 BOCA RATON, FL 33433 US	Mailing Address 21906 LAKE FOREST CIR. APT. 201 BOCA RATON, FL 33433 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GOLDSTEIN, SHAI 21906 LAKE FOREST CIR. APT. 201 BOCA RATON, FL 33433		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>		
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		07/25/07-80003-005 70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDSTEIN, GERALD RABBI 25 EAST AVE LAWRENCE, NY 11559	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHUCHAT, RACHEL 447 TROY AVE. BROOKLYN, NY 11203	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOLDSTEIN, BEN-TZION RABBI 2704 WEST CHASE AVE. CHICAGO, IL 60645	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4 July 2007 Daytime Phone #: 718-715-0476



07042007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-2659890

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required