


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N12758
 1. Entity Name
MOUNT ZION FOUNDATION, INC.



Principal Place of Business 21906 LAKE FOREST CIRCLE APT. 201 BOCA RATON, FL 33433 US	Mailing Address 21906 LAKE FOREST CIR. APT. 201 BOCA RATON, FL 33433 US
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07042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2659891	Applied For <i>Not Applicable</i>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GOLDSTEIN, SHAI
 21906 LAKE FOREST CIR
 APT. 201
 BOCA RATON, FL 33433**

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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 _____ (NOTE: Registered Agent signature required when reinitiating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

100000770424
 07/25/07-80003-006 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDSTEIN, GERALD RABBI 25 EAST AVE LAWRENCE, NY 115591003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GITLIN, SYBIL 662 LEFFERTS AVE. BROOKLYN, NY 11203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD GOLDSTEIN, DANIEL J 25 EAST AVE LAWRENCE, NY 115591003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Rose G. Goldstein* **5 July 2007** **718.715.0476**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #