## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N32073

FILED Jan 13, 2004 Secretary of State

Entity Name: THE AMERICAN COMMITTEE FOR THE BEERSHEVA FOUNDATION, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
30 LANCA: TENATLY,		US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
30 LANCAS TENATLY,		US			
FEI Number:	65-0131284	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
7370 ORAI	R, ARMAND NGEWOOD LA FON, FL 3343				
	named entity s of Florida.	submits this statement for the p	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATUF	RE:				
	Electron	ic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () SLEVIN, RONA 30 LANCASTER TENATLY, NJ (	ROAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () SLEVIN, JOANN 30 LANCASTER TENATLY, NJ (	ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	COOPERMAN,	ARBOR DRIVE, #4A	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ) MAISEL, MELV 36 BIRCHWOO GREENWICH, (	D DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () KONAR, WILLIA 110 COMMERC ROCHESTER, N	E STREET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOANNA SLEVIN D 01/13/2004