**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)**

NONPROFIT CORPORATION ANNUAL REPORT
**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUN 29 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N33455** **(9)**

1. Corporation Name
**JERUSALEM INSTITUTE FOR WESTERN DEFENSE, INC.**

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| % BERNICE HOROWITZ<br>1 GROVE ISLE, PH 2<br>COCONUT GROVE FL 33133 | % BERNICE HOROWITZ<br>1 GROVE ISLE, PH 2<br>COCONUT GROVE FL 33133 |

3. Date Incorporated or Qualified: 07/26/1989
3a. Date of Last Report: 01/21/1994
4. FEI Number: 65-0142848 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

9. Name and Address of Current Registered Agent

HOROWITZ, BERNCIE
1 GROVE ISLE DRIVE #PH2
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | ☐ Change ☐ Addition |
| NAME | RAMATI, YOCHANON | 12 NAME | |
| STREET ADDRESS | 4 EIN ROGEL ST | 13 STREET ADDRESS | |
| CITY-ST-ZIP | JERUSALEM 93543 | 14 CITY-ST-ZIP | |
| TITLE | P | 21 TITLE | ☐ Change ☐ Addition |
| NAME | HOROWITZ, BERNICE | 22 NAME | |
| STREET ADDRESS | 1 GROVE ISLE DRIVE PH2 | 23 STREET ADDRESS | |
| CITY-ST-ZIP | COCONUT GROVE FL 33133 | 24 CITY-ST-ZIP | |
| TITLE | S | 31 TITLE | ☐ Change ☐ Addition |
| NAME | HOROWITZ, ARTHUR | 32 NAME | |
| STREET ADDRESS | 1 GROVE ISLE DRIVE PH2 | 33 STREET ADDRESS | |
| CITY-ST-ZIP | COCONUT GROVE FL 33133 | 34 CITY-ST-ZIP | |
| TITLE | D | 41 TITLE | ☐ Change ☐ Addition |
| NAME | MCCOLLUM, TAFFY GOULD | 42 NAME | |
| STREET ADDRESS | 145 SE 25TH RD | 43 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33129 | 44 CITY-ST-ZIP | |
| TITLE | D | 51 TITLE | ☐ Change ☐ Addition |
| NAME | NISKIN, DEBORAH | 52 NAME | |
| STREET ADDRESS | 3415 CHASE AVENUE | 53 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI BEACH FL 33140 | 54 CITY-ST-ZIP | |
| TITLE | D | 61 TITLE | ☐ Change ☐ Addition |
| NAME | MILLER, DR. DOUG | 62 NAME | |
| STREET ADDRESS | 510 W. 50TH ST. | 63 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI BEACH FL 33140 | 64 CITY-ST-ZIP | |

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

**SIGNATURE:** Deborah E. Niskin 6-20-95 (305) 534-7376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0007676