

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N42485

1. Entity Name
MIGDAL TOWER OF LIGHT, INC.



Principal Place of Business

4045 SHERIDAN AVENUE
SUITE 212
MIAMI BEACH, FL 33140 US

Mailing Address

4045 SHERIDAN AVENUE
SUITE 212
MIAMI BEACH, FL 33140 US



01102005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0344268

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DONNER, NORMAN
4045 SHERIDAN AVENUE
SUITE 212
MIAMI BEACH, FL 33140

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JUNGREIS, MEIR
STREET ADDRESS	3605 FLAMINGO DRIVE
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	DVP
NAME	SCHLONEGER, BARBARA D
STREET ADDRESS	17019 W DIXIE HWY
CITY-ST-ZIP	N MIAMI BEACH, FL 33160
TITLE	T
NAME	SCHLONEGER, LOYAL
STREET ADDRESS	18181 NE 31ST CT 407
CITY-ST-ZIP	N MIAMI BCH, FL 33160
TITLE	T
NAME	JUNGREIS, NILLIE
STREET ADDRESS	3605 FLAMINGO DRIVE
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	DS
NAME	DONNER, MICHUM
STREET ADDRESS	4045 SHERIDAN AVENUE, APT. 212
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	T
NAME	DONNER, EVELYN
STREET ADDRESS	4045 SHERIDAN AVE 212
CITY-ST-ZIP	MIAMI BCH, FL 33140

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04/21/05-80057-006 70.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FEB 10/05/2005-5343339