

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004510

FILED  
Mar 01, 2011  
Secretary of State

**Entity Name:** THE HOUSE OF ISRAEL, INC.

**Current Principal Place of Business:**

103 SE 7TH STREET  
FT MEADE, FL 33841

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 881  
FT MEADE, FL 33841

**New Mailing Address:**

**FEI Number:** 59-3464296

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NELSON, MAURICE  
103 S E 7TH STREET  
FT MEADE, FL 33841 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: BONNEY, BRENDA  
Address: 409 SE PINE AVE  
City-St-Zip: FT. MEADE, FL 33841

Title: D  
Name: NELSON, MAURICE  
Address: P.O. BOX 881  
City-St-Zip: FORT MEADE, FL 33841

Title: DVP  
Name: CORNELIUS, CLINTON P  
Address: P.O. BOX 736  
City-St-Zip: FT. MEADE, FL 33841

Title: DS  
Name: THOMAS, CAROLYN  
Address: 810 SOUTH SEMINOLE AVE  
City-St-Zip: FT. MEADE, FL 33841

I hereby 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 all other like empowered.

SIGNATURE: MAURICE NELSON

D

03/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date