2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P08113

1. Entity Name
VOLUNTEERS FOR ISRAEL, INC.

Principal Place of Business	Mailing Address
330 W. 42ND STREET STE 1618 NEW YORK, NY 10036	330 W. 42ND STREET STE 1618 NEW YORK, NY 10036

DO NOT WRITE IN THIS SPACE

01092006 No Chg-NP CR2E037 (11/05)

4. FEI Number
13-3143219
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KIRSHNER, BARRIE
318 CLEARBROOK CIRCLE
105
VENICE CIRCLE, FL 34292

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

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	PITT, HAMILTON
STREET ADDRESS	6708 FOREST PRESERVE
CITY-ST-ZIP	HARWOOD HIGHTS, IL 60706
TITLE	VD
NAME	FELDMAN, LARRY
STREET ADDRESS	3208 MIDFIELD RD
CITY-ST-ZIP	BALTIMORE, MD 21208
TITLE	VD
NAME	STEIN, CAROL
STREET ADDRESS	1650 LIMERICK LANE
CITY-ST-ZIP	DRESHER, PA 19025
TITLE	SD
NAME	COLE, DEBRA
STREET ADDRESS	4250 W. LK SAMM PKWY, NE
CITY-ST-ZIP	REDMOND, WA 98052
TITLE	TD
NAME	STEIN, BARRY
STREET ADDRESS	1650 LIMERICK LANE
CITY-ST-ZIP	DRESHER, PA 19025
TITLE	PD
NAME	HERZ, JOSEF
STREET ADDRESS	13705 SE 144TH STREET
CITY-ST-ZIP	RENTON, WA 98059

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01/30/06-80005-012 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapte[illegible]orida 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 eff[illegible]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] 1/14/06 215-646-6381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #