## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08113

Title:

Name:

Address:

SD

COLE, DEBRA

( ) Delete

4250 W. LK SAMM PKWY, NE

FILED Jan 30, 2007 Secretary of State

Entity Name: VOLUNTEERS FOR ISRAEL, INC.

**Current Principal Place of Business: New Principal Place of Business:** 330 W. 42ND STREET STE 1618 NEW YORK, NY 10036 **New Mailing Address: Current Mailing Address:** 330 W. 42ND STREET STE 1618 NEW YORK, NY 10036 FEI Number: 13-3143219 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KIRSHNER, BARRIE 318 CLEARBROOK CIRCLE 105 VENICE CIRCLE, FL 34292 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete PITT. HAMILTON IVERSEN, GEORGE Name: Name: 6708 FOREST PRESERVE Address: 215 COUDERT PLACE Address: City-St-Zip: HARWOOD HIGHTS, IL 60706 City-St-Zip: SOUTH ORANGE, NJ 07079 Title: VD () Delete Title: (X) Change ( ) Addition FELDMAN, LARRY Name: BOLTON, VADE Name: Address: 3208 MIDFIELD RD Address: 2523 HEATHCLIFF PLACE City-St-Zip: BALTIMORE, MD 21208 City-St-Zip: RESTON, VA 20191 Title: VD () Delete Title: (X) Change ( ) Addition STEIN, CAROL SACKS, MARIAN Name: Name: 1650 LIMERICK LANE 13801 BONSAL LANE Address: Address: City-St-Zip: DRESHER, PA 19025 City-St-Zip: SILVER SPRING, MD 19025

City-St-Zip: REDMOND, WA 98052 City-St-Zip: RENTON, WA 98059

Title: TD (X) Delete Title: ( ) Change ( ) Addition Name: STEIN, BARRY Name:

Address: 1650 LIMERICK LANE Address: City-St-Zip: DRESHER, PA 19025 City-St-Zip:

Title: PD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 HERZ, JOSEF
 Name:

 Address:
 13705 SE 144TH STREET
 Address:

 City-St-Zip:
 RENTON, WA 98059
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

Title:

Name:

Address:

PD

HERZ, JOSEF

13705 SE 144TH STREET

(X) Change ( ) Addition

SIGNATURE: MARIAN SACKS TD 01/30/2007