
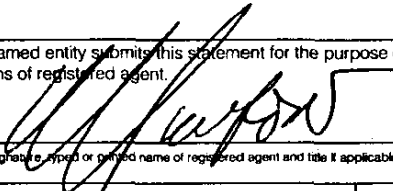



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90004 022 ****61.25

DOCUMENT # P08113 1. Entity Name VOLUNTEERS FOR ISRAEL, INC.					
Principal Place of Business 330 W. 42ND STREET STE 1618 NEW YORK, NY 10036				Mailing Address 330 W. 42ND STREET STE 1618 NEW YORK, NY 10036	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 13-3143219	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KIRSHNER, BARRIE 318 CLEARBROOK CIRCLE 405 VENICE CIRCLE, FL 34292				Name Paul Yankow Street Address (P.O. Box Number is Not Acceptable) 2207 Atlantic St., Apt. 811 City Melbourne Beach FL Zip Code 32951	
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 2-18-08	
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD IVERSEN, GEORGE <input checked="" type="checkbox"/> Delete 215 COUDERT PLACE SOUTH ORANGE, NJ 07079			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President Vade Bolton 2523 Heathcliff Place Reston, VA 20191
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOLTON, VADE <input checked="" type="checkbox"/> Delete 2523 HEATHCLIFF PLACE RESTON, VA 20191			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SACKS, MARIAN <input type="checkbox"/> Delete 13801 BONSAL LANE SILVER SPRING, MD 19025			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERZ, JOSEF <input checked="" type="checkbox"/> Delete 13705 SE 144TH STREET RENTON, WA 98059			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vice President Larry Feldman 3208 Midfield Baltimore, MD 21208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Marian Sacks 				Date Feb. 18/2008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 301-603-9099	