

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15216

FILED
May 03, 2007
Secretary of State

Entity Name: AMERICAN COMMITTEE FOR SHAARE ZEDEK HOSPITAL IN JERUSALEM, INC.

Current Principal Place of Business:

49 W. 45TH STREET
NEW YORK, NY 10036

New Principal Place of Business:

49 W. 45TH STREET
NEW YORK, NY 10036

Current Mailing Address:

49 W. 45TH STREET
NEW YORK, NY 10036

New Mailing Address:

49 W. 45TH STREET
NEW YORK, NY 10036

FEI Number: 13-5645878 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD () Delete
Name: BENDHEIM, JACK
Address: 49 WEST 45TH ST.
City-St-Zip: NEW YORK, NY 10036

Title: CD () Delete
Name: JESSELSON, ERICA
Address: 49 WEST 45TH ST.
City-St-Zip: NEW YORK, NY 10036

Title: D () Delete
Name: RATZKER, MENNO
Address: 49 WEST 45TH ST.
City-St-Zip: NEW YORK, NY 10036

Title: SD () Delete
Name: WEINBACH, LEE
Address: 49 WEST 45TH ST.
City-St-Zip: NEW YORK, NY 10036

Title: TD () Delete
Name: ADLER, SIDNEY
Address: 49 WEST 45TH ST.
City-St-Zip: NEW YORK, NY 10036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CD (X) Change () Addition
Name: JESSELSON, MICHAEL
Address: 49 WEST 45TH ST.
City-St-Zip: NEW YORK, NY 10036

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: KANAREK, ABBY
Address: 49 WEST 45TH ST.
City-St-Zip: NEW YORK, NY 10036

Title: TD (X) Change () Addition
Name: ABRAMS, RONALD
Address: 49 WEST 45TH ST.
City-St-Zip: NEW YORK, NY 10036

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: ABBY KANAREK

SD

05/03/2007

Electronic Signature of Signing Officer or Director

Date