

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15216

FILED
Apr 29, 2009
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
11TH FLOOR
NEW YORK, NY 10036

Current Mailing Address:

49 W. 45TH STREET
NEW YORK, NY 10036

New Mailing Address:

49 W. 45TH STREET
11TH FLOOR
NEW YORK, NY 10036

FEI Number: 13-5645878

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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, MICHAEL
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: KANAREK, ABBY
Address: 49 WEST 45TH ST.
City-St-Zip: NEW YORK, NY 10036

Title: TD () Delete
Name: ABRAMS, RONALD
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

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

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

04/29/2009

Electronic Signature of Signing Officer or Director

Date