2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State
02-15-2006 90039 031 ****61.25

DOCUMENT # P36299

1. Entity Name

FRIENDS OF ISRAEL DISABLED VETERANS, INC.

Principal Place of Business	Mailing Address
419 PARK AVENUE SOUTH STE 905 NEW YORK NY 10016	419 PARK AVENUE SOUTH STE 905 NEW YORK NY 10016

1st MOORE CR2E037 (10/05)

2. Principal Place of Business	3. Mailing Address
1133 BROADWAY	1133 BROADWAY
Suite, Apt. #, etc. # 232	Suite, Apt. #, etc. # 232
City & State NEW YORK, NY	City & State NEW YORK, NY
Zip 10010 Country USA	Zip 11010 Country USA

4. FEI Number 13-3392711 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	C GOLDEN, RICHARD P.O. BOX 297 CHESAPEAKE MD 21915	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LEICHTLING, MICHAEL ESQ 405 LEXINTON AVENUE 9TH FLOOR NEW YORK NY 10174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C CUKIER, MIKE 7300 RADICE COURT #803 LAUDERHILL FL 33319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED FRANKEL, LINDA E ~~419 PARK AVE S~~ 1133 Broadway, Suite 232 NEW YORK NY ~~10016~~ 10010	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PICKHOLZ, SHELDON 217 CEDAR STREET ENGLEWOOD NJ 07631	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Linda E Frankel