2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008
Secretary of State

DOCUMENT# P36299

Entity Name: FRIENDS OF ISRAEL DISABLED VETERANS, INC.

Current Principal Place of Business:

1133 BROADWAY
SUITE 232
NEW YORK, NY 10010

New Principal Place of Business:

Current Mailing Address:

1133 BROADWAY
SUITE 232
NEW YORK, NY 10010

New Mailing Address:

FEI Number: 13-3392711 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:	V	( ) Delete
Name:	GOLDEN, RICHARD L	
Address:	P.O. BOX 297	
City-St-Zip:	CHESAPEAKE, MD 21915	
Title:	S	( ) Delete
Name:	LEICHTLING, MICHAEL A ESQ	
Address:	405 LEXINGTON AVENUE 9TH FLOOR	
City-St-Zip:	NEW YORK, NY 10174	
Title:	V	( ) Delete
Name:	NAZARIAN, SHARONA R DR.	
Address:	714 NORTH BEVERLY DRIVE	
City-St-Zip:	BEVERLY HILLS, CA 90210	
Title:	ED	( ) Delete
Name:	BERGER, KAREN L	
Address:	1133 BROADWAY SUITE 232	
City-St-Zip:	NEW YORK, NY 10010	
Title:	T	( ) Delete
Name:	PICKHOLZ, SHELDON	
Address:	217 CEDAR STREET	
City-St-Zip:	ENGLEWOOD, NJ 07631	
Title:	C	( ) Delete
Name:	SCHOR, GLENN C	
Address:	1133 BROADWAY SUITE 232	
City-St-Zip:	NEW YORK, NY 10010	

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:	
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: KAREN L. BERGER ED 01/15/2008

Electronic Signature of Signing Officer or Director — Date