

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000007455

**Entity Name:** BLESS ISRAEL USA, INC.**Current Principal Place of Business:**4320 BAY TO BAY BLVD.  
TAMPA, FL 33629**Current Mailing Address:**4320 BAY TO BAY BLVD.  
TAMPA, FL 33629**FEI Number:** 26-3146322**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEEF, RON DT  
4320 BAY TO BAY BLVD.  
TAMPA, FL 33629 US*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**Officer/Director Detail :**

|                 |                        |
|-----------------|------------------------|
| Title           | DP                     |
| Name            | MICHAEL, MARY DEE      |
| Address         | 6319 NEWTOWN CIR., B-2 |
| City-State-Zip: | TAMPA FL 33615         |

|                 |                        |
|-----------------|------------------------|
| Title           | D                      |
| Name            | WEILER, STEVE          |
| Address         | 4830 W. BAY VILLA AVE. |
| City-State-Zip: | TAMPA FL 33611         |

|                 |                    |
|-----------------|--------------------|
| Title           | D                  |
| Name            | KOBEL, BECKY       |
| Address         | 4934 ST. CROIX DR. |
| City-State-Zip: | TAMPA FL 33629     |

|                 |                     |
|-----------------|---------------------|
| Title           | DT                  |
| Name            | LEEF, RON           |
| Address         | 3403 BROOKSHIRE CT. |
| City-State-Zip: | TAMPA FL 33618      |

  

|                 |                         |
|-----------------|-------------------------|
| Title           | D                       |
| Name            | KOEVERING, JOE V        |
| Address         | 7234 1ST AVE. SOUTH     |
| City-State-Zip: | ST. PETERSBURG FL 33707 |

  

|                 |                       |
|-----------------|-----------------------|
| Title           | D                     |
| Name            | AZZARELLI, BART       |
| Address         | PO BOX 249            |
| City-State-Zip: | THONOTOSASSA FL 33592 |

*I hereby 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 all other like empowered.*

**SIGNATURE:** RON LEEF

DT

03/11/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date