

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N42485

**Entity Name:** MIGDAL TOWER OF LIGHT, INC.

**Current Principal Place of Business:**

4045 SHERIDAN AVENUE  
SUITE 212  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

4045 SHERIDAN AVENUE  
SUITE 212  
MIAMI BEACH, FL 33140 US

**FEI Number:** 65-0344268

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DONNER, NORMAN  
4045 SHERIDAN AVENUE  
SUITE 212  
MIAMI BEACH, FL 33140 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 PD  
Name JUNGREIS, MEIR  
Address 4101 PINE TREE DRIVE  
City-State-Zip: MIAMI BEACH FL 33140

Title T  
Name SCHLONEGER, LOYAL  
Address 18181 NE 31ST CT 407  
City-State-Zip: N MIAMI BCH FL 33160

Title DS  
Name DONNER, NUCHUM  
Address 4045 SHERIDAN AVENUE, APT. 212  
City-State-Zip: MIAMI BEACH FL 33140

Title DVP  
Name SCHLONEGER, BARBARA D  
Address 17019 W DIXIE HWY  
City-State-Zip: N MIAMI BEACH FL 33160

Title T  
Name JUNGREIS, NILLIE  
Address 4101 PINE TREE DRIVE  
City-State-Zip: MIAMI BEACH FL 33140

Title T  
Name DONNER, EVELYN  
Address 4045 SHERIDAN AVE 212  
City-State-Zip: MIAMI BCH FL 33140

*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:** NUCHUM DONNER

**SECRETARY**

**03/04/2015**

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

\_\_\_\_\_  
Date