

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000328

FILED
Apr 28, 2005
Secretary of State

Entity Name: EXODUS ISRAEL FOUNDATION, INC.

Current Principal Place of Business:

3303 FLAMINGO DR.
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

3303 FLAMINGO DR.
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 65-0977015 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOLDER, JACK
3303 FLAMINGO DR.
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

HOLDER, RITA
3303 FLAMINGO DR.
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: RITA HOLDER

04/28/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOLDER, JACK
Address: 3303 FLAMINGO DR.
City-St-Zip: MIAMI BEACH, FL 33140

Title: TD () Delete
Name: HOLDER, RITA MAE
Address: 3303 FLAMINGO DR.
City-St-Zip: MIAMI BEACH, FL 33140

Title: SVD () Delete
Name: HOLDER, RITA
Address: 3303 FLAMINGO DR.
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HOLDER, RITA M
Address: 3303 FLAMINGO DR.
City-St-Zip: MIAMI BEACH, FL 33140

Title: TD (X) Change () Addition
Name: HOLDER, RITA MAE
Address: 3303 FLAMINGO DR.
City-St-Zip: MIAMI BEACH, FL 33140

Title: SVD (X) Change () Addition
Name: HOLDER, ESTHER
Address: 3303 FLAMINGO DR.
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RITA M HOLDER

PD

04/28/2005

Electronic Signature of Signing Officer or Director

Date