

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002208

FILED
Apr 29, 2005
Secretary of State

Entity Name: HILLEL AT FSU FOUNDATION, INC.

Current Principal Place of Business:

843 W. PENSACOLA STREET
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

843 W. PENSACOLA STREET
TALLAHASSEE, FL 32304

New Mailing Address:

FEI Number: 59-6194457 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANNIS, MELANIE
843 W. PENSACOLA STREET
TALLAHASSEE, FL 32304 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: PRES () Delete
Name: SACHER, LESLEY
Address: 2438 BEAUTYBERRY COURT
City-St-Zip: TALLAHASSEE, FL 32303

Title: DIR () Delete
Name: LEVENSON, DAVID
Address: 3566 GARDENVIEW WAY
City-St-Zip: TALLAHASSEE, FL 32312

Title: DIR () Delete
Name: STAUBER, ALVIN
Address: 2514 BETTON WOODS DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: DIR () Delete
Name: ANNIS, MELANIE
Address: 8051 TENNYSON DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: DIR () Delete
Name: KIMELMAN, SAM
Address: 2913 BRANDEMERE DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

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:

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: MELANIE ANNIS

DIR

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date