

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 25, 2009  
Secretary of State**

DOCUMENT# N03000002208

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: TRES ( ) Delete  
Name: KAUFFMAN, JAY  
Address: 7296 MARATHON DRIVE, #306  
City-St-Zip: SEMINOLE, FL 33777

Title: PPRS ( ) Delete  
Name: ALDRIDGE-RUSSELL, TERRI SUE  
Address: 714 RIGGINS ROAD  
City-St-Zip: TALLAHASSEE, FL 32306

Title: PRES ( ) Delete  
Name: LEVINE, MARILYNN  
Address: 321 JACARANDA DRIVE  
City-St-Zip: PLANTATION, FL 33324

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

**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:

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: MELANIE ANNIS

EXDR

02/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date