

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90317 019 \*\*\*\*61.25

**DOCUMENT # N03000003737**

1. Entity Name

THE HADASSAH FOUNDATION, INC.



Principal Place of Business

3660 MARLBERRY LANE  
MIRAMAR FL 33025

Mailing Address

3660 MARLBERRY LANE  
MIRAMAR FL 33025

2. Principal Place of Business

3. Mailing Address

P O Box 246106

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hollywood, FL

Zip

Country

Zip

Country

33024

Broward

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOUIS, TERRY L  
3660 MARLBERRY LANE  
MIRAMAR FL 33025

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME LOUIS, ALISCIA S ☐ Delete  
STREET ADDRESS 3410 DOUGLASS ROAD, BUILDING #3 APT. 102  
CITY-ST-ZIP MIRAMAR FL 33025

TITLE SD  
NAME LOUIS, ZETAH M ☐ Delete  
STREET ADDRESS 3410 DOUGLASS ROAD, BUILDING #3 APT. 102  
CITY-ST-ZIP MIRAMAR FL 33025

TITLE TD  
NAME LOUIS, MAACHAH N ☐ Delete  
STREET ADDRESS 3410 DOUGLASS ROAD, BUILDING #3 APT. 102  
CITY-ST-ZIP MIRAMAR FL 33025

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Aliscia S. Louis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-07-04 (954)432-1393

Date Daytime Phone #