
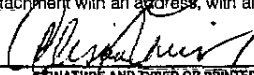


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000003737		
1. Entity Name THE HADASSAH FOUNDATION, INC.		
Principal Place of Business 3660 MARLBERRY LANE MIRAMAR, FL 33025		Mailing Address P.O. BOX 246106 HOLLYWOOD, FL 33024
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LOUIS, TERRY L 3660 MARLBERRY LANE MIRAMAR, FL 33025		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000279528 03/28/05-80070-007 61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LOUIS, ALISCIA S 3410 DOUGLASS ROAD, BUILDING #3 APT. 102 MIRAMAR, FL 33025	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LOUIS, ZETAH M 3410 DOUGLASS ROAD, BUILDING #3 APT. 102 MIRAMAR, FL 33025	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LOUIS, MAACHAH N 3410 DOUGLASS ROAD, BUILDING #3 APT. 102 MIRAMAR, FL 33025	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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)(f), 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		3/25/05 (954) 432-1393
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>