


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

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

<b>DOCUMENT # N39343</b> 1. Entity Name <b>THE ISRAELITE EDUCATION ASSOCIATION, INC.</b>	
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Principal Place of Business <b>7630 BISCAYNE BLVD MIAMI, FL 33138 US</b>	Mailing Address <b>P.O. BOX 381003 MIAMI, FL 33238</b>
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02172005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0317196</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>LAZARUS, DAVID M. SHERATON DESIGN CENTER OFFICE PLAZA 1815 GRIFFIN ROAD, SUITE 403 DANIA, FL 33004</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000279529 03/28/05-80070-008 61.25</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LOUIS, TERRY L. 3660 MARLBERRY LN. MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS ARAGON, LEVIA P. 2201 S. SHERMAN CIRCLE, APT D-210 DUNBAR, WV 25064
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT MCBEE, VENITA D 122 HOWARD AVENUE DUNBAR, WV 25064
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:** *Terry L. Louis* **3/25/05** **(954) 442-7830**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #