

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# 811176

Entity Name: HADASSAH, THE WOMEN'S ZIONIST ORGANIZATION OF AMERICA, INC.

Current Principal Place of Business:

50 WEST 58TH ST.
NEW YORK, NY 10019

New Principal Place of Business:

Current Mailing Address:

ATTN: MAXINE COHN/ LEGAL DEPT.
50 W. 58TH STREET
NEW YORK, NY 10019 US

New Mailing Address:

FEI Number: 13-1656651 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

REGISTERED AGENT CORPORATION
% WARREN SALOMON, ESQ.
1665 SO BAYSHORE DR
MIAMI, FL 33133 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: TD () Delete
Name: NATAN, MARCIE
Address: 50 WEST 58TH ST
City-St-Zip: NEW YORK, NY 10019

Title: VPD () Delete
Name: SHERECK, JUDY
Address: 50 WEST 58TH ST.
City-St-Zip: NEW YORK, NY 10019

Title: SD () Delete
Name: WOOD, MONA
Address: 50 W 58TH ST
City-St-Zip: NEW YORK, NY 10019

Title: PD () Delete
Name: FALCHUK, NANCY
Address: 50 WEST 58TH ST.
City-St-Zip: NEW YORK, NY 10019

Title: COO () Delete
Name: BLUM, LARRY
Address: 50 W 58TH ST
City-St-Zip: NEW YORK, NY 10019

Title: VPD () Delete
Name: POLLACK, HANNA
Address: 50 W 58TH ST
City-St-Zip: NEW YORK, NY 10019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: HERSHKIN, ELLEN
Address: 50 W 58TH ST
City-St-Zip: NEW YORK, NY 10019

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: MARCIE NATAN

TD

02/26/2009

Electronic Signature of Signing Officer or Director

_____ Date