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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N47907
1. Corporation Name
CHABAD LUBAVITCH OF SOUTHWEST FLORIDA, INC.

Principal Place of Business: 5620 WINKLER ROAD, FORT MYERS FL 33919, US
Mailing Address: 5620 WINKLER ROAD, FORT MYERS FL 33919, US

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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	03/17/1992
22 City & State	27 City & State	4. FEI Number
23 Zip Country	28 Zip Country	65-0333210
24	29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MINHOWICZ, RABBI 5737 SANDPIPER PLACE FORT MYERS FL 33917	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINKOWICZ, YITZCHOK	1.2 NAME	
STREET ADDRESS	5737 SANDPIPER PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33917	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SDNKOWICZ, NECHAMA	2.2 NAME	
STREET ADDRESS	5737 SANDPIPER PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33917	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSMAN, LOUIS	3.2 NAME	
STREET ADDRESS	4230 STEAMBOAT BEND, #102	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33919	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 2 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: Katherine Harris 4/21/99 941-433-7728
DATE: _____ DAYTIME PHONE # _____

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