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Jan 22 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002437 (0)

1. Corporation Name

CHABAD LUBAVITCH OF DOWNTOWN FORT LAUDERDALE, IN
C.



Principal Place of Business

Mailing Address

3515 GALT OCEAN DRIVE
FT. LAUDERDALE FL 33308

3515 GALT OCEAN DRIVE
FT. LAUDERDALE FL 33308-6801

3. Date Incorporated or Qualified
05/22/1995

3a. Date of Last Report
02/07/1996

2. Principal Place of Business

21 200 SE 6th St.

2a. Mailing Address

26 200 SE 6th St.

4. FEI Number
65-0586550

Applied For

Not Applicable

22 Suite, Apt. #, etc.

22 503

Suite, Apt. #, etc.

27 503

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

23 City & State

23 Ft. Lauderdale FL

City & State

28 Ft. Lauderdale FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 Zip

24 33301

Country

25

Zip

29 33301

Country

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAZARUS, DAVID M
1815 GRIFFIN ROAD
SUITE 403
DANIA FL 33004

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD
NAME LIPSZYC, RABBI M
STREET ADDRESS 12 FORT ROYAL ISLE
CITY-ST-ZIP FT. LAUDERDALE FL 33308

☐ DELETE

TITLE TD
NAME LIPSZYC, RIVKA
STREET ADDRESS 1033 OAKLAND PARK BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL 33334

☐ DELETE

TITLE PD
NAME LIPSZYC, RABBI A
STREET ADDRESS 3515 GALT OCEAN DRIVE
CITY-ST-ZIP FT. LAUDERDALE FL 33308

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0034302

CR2E037 (9/96)