2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2008
Secretary of State

DOCUMENT# 714549

Entity Name: FRIENDS OF LUBAVITCH OF FLORIDA, INC.

Current Principal Place of Business:

1140 ALTON ROAD
MIAMI BEACH, FL 331394708

New Principal Place of Business:

Current Mailing Address:

1140 ALTON ROAD
MIAMI BEACH, FL 331394708

New Mailing Address:

FEI Number: 51-0188269 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KORF,ABRAHAM
1257 ALTON RD
MIAMI BEACH, FL 33139 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:	PD	( ) Delete
Name:	WUENSER, DANIEL	
Address:	2790 N. BAY RD.	
City-St-Zip:	MIAMI BEACH, FL 33139	
Title:	VD	( ) Delete
Name:	KORF, ABRAHAM,	
Address:	1257 ALTON ROAD	
City-St-Zip:	MIAMI BEACH, FL 33139	
Title:	SD	( ) Delete
Name:	KORF, RIVKA,	
Address:	1257 ALTON ROAD	
City-St-Zip:	MIAMI BEACH, FL 33139	
Title:	D	(X) Delete
Name:	BRUSOWANKIN, CASRIEL,	
Address:	2590 NE 202 STREET	
City-St-Zip:	N MIAMI BEACH, FL	
Title:	TD	( ) Delete
Name:	KORF, MENACHEM	
Address:	1125 WEST AVE. #302	
City-St-Zip:	MIAMI BCH, FL 33139	
Title:	D	( ) Delete
Name:	MENDEL, RAICES	
Address:	488 W. TILDEN	
City-St-Zip:	POSTVILLE, IA 52162	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PD	(X) Change ( ) Addition
Name:	WUENSCH, DANIEL	
Address:	2790 N. BAY RD.	
City-St-Zip:	MIAMI BEACH, FL 33139	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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: RABBI A KORF VP 01/03/2008

Electronic Signature of Signing Officer or Director — Date