

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 714549

**FILED**  
**Feb 06, 2012**  
**Secretary of State**

**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:**

17330 NW 7 AVE  
MIAMI, FL 33169

**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  
Name: WUENSCH, DANIEL  
Address: 2790 N. BAY RD.  
City-St-Zip: MIAMI BEACH, FL 33139

Title: VD  
Name: KORF, ABRAHAM  
Address: 1257 ALTON ROAD  
City-St-Zip: MIAMI BEACH, FL 33139

Title: SD  
Name: KORF, RIVKA  
Address: 1257 ALTON ROAD  
City-St-Zip: MIAMI BEACH, FL 33139

Title: TD  
Name: KORF, MENACHEM  
Address: 1125 WEST AVE. #302  
City-St-Zip: MIAMI BCH, FL 33139

Title: D  
Name: RAICES, MENDEL  
Address: 488 W. TILDEN  
City-St-Zip: POSTVILLE, IA 52162

I hereby 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 all other like empowered.

SIGNATURE: AK

VP

02/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date