

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY 26 PM 0:21

**DOCUMENT # 740596 (2)**

1. Corporation Name

**CONGREGATION LUBAVITCH, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**1423 LENOX AVENUE MIAMI BEACH FL 33139**

3. Date Incorporated or Qualified **10/31/1977** 3a. Date of Last Report **04/28/1994**

4. FEI Number **59-1950020** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
**21** **26**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22** **27**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

City & State City & State  
**23** **28**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

Zip Country Zip Country  
**24** **25** **29** **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

**BLANK, SHELDON**  
**1423 LENOX AVENUE**  
**MIAMI BEACH FL 33139**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

TITLE **SO**  
NAME **MENDELSON, SHMUEL**  
STREET ADDRESS **2965 N. BAY RD.**  
CITY - ST - ZIP **MIAMI BEACH, FL 00000**

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

TITLE **PO**  
NAME **VIDAL ROBERT**  
STREET ADDRESS **3153 ROYAL PALM AVENUE**  
CITY - ST - ZIP **MIAMI FL**

21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

TITLE **TD**  
NAME **BLANK, SHELDON**  
STREET ADDRESS **1423 LENOX AVE**  
CITY - ST - ZIP **MIAMI BEACH, FL 00000**

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

TITLE **V**  
NAME **KORF, ABRAHAM**  
STREET ADDRESS **1257 ALTON RD**  
CITY - ST - ZIP **MIAMI BEACH FL**

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

TITLE **VS**  
NAME **GOLOWINSKI, DAVID**  
STREET ADDRESS **2929 N BAY RD**  
CITY - ST - ZIP **MIAMI BEACH FL**

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Sheldon Blank* **Sheldon Blank TD**

**5-27-95**

**305-478-5493**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #