

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 740596 (2)

1. Corporation Name

CONGREGATION LUBAVITCH, INC.



Principal Place of Business

Mailing Address

1423 LENOX AVENUE  
MIAMI BEACH FL 33139

1423 LENOX AVENUE  
MIAMI BEACH FL 33139

3. Date Incorporated or Qualified  
10/31/1977

3a. Date of Last Report  
05/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1950020

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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 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's signature required when new state agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE

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

TITLE  DELETE

PD  
NAME VIDAL, ROBERT  
STREET ADDRESS 3153 ROYAL PALM AVENUE  
CITY-ST-ZIP MIAMI FL

TITLE  DELETE

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

TITLE  DELETE

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

TITLE  DELETE

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

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-96 365 673-5493

Date

Daytime Phone #

CR2E037 (12/95)