

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 07, 2006**  
**Secretary of State**

DOCUMENT# N00000000071

**Entity Name:** CHABAD LUBAVITCH OF THE PANHANDLE, TALLAHASSEE, INC.

**Current Principal Place of Business:**

2093 GREENWOOD DRIVE  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

402 PLANTATION ROAD  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

2093 GREENWOOD DRIVE  
TALLAHASSEE, FL 32303

**New Mailing Address:**

402 PLANATATION ROAD  
TALLAHASSEE, FL 32303

**FEI Number:** 65-0970446      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

OIRECHMAN, RABBI S  
2093 GREENWOOD DRIVE  
TALLAHASSEE, FL 32303      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: OIRECHMAN, RABBI S  
Address: 2073 GREENWOOD DRIVE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: TD      ( ) Delete  
Name: OIRECHMAN, CHANA  
Address: 2093 GREENWOOD DRIVE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: SD      ( ) Delete  
Name: BISTON, RABBI J  
Address: 1500 N. STATE ROAD 7  
City-St-Zip: MARGATE, FL 33063

Title: VPD      ( ) Delete  
Name: SALVER, ISAAC  
Address: 1019 KANE CONCOURSE # 202  
City-St-Zip: MIAMI, FL 33154

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      (X) Change ( ) Addition  
Name: OIRECHMAN, RABBI S  
Address: 2093 GREENWOOD DRIVE  
City-St-Zip: TALLAHASSEE, FL 32303

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 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: SHNEIOR Z OIRECHMAN

PD

09/07/2006

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

\_\_\_\_\_  
Date