

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000071

FILED
Mar 08, 2007
Secretary of State

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

Current Principal Place of Business:

402 PLANTATION ROAD
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

402 PLANATATION ROAD
TALLAHASSEE, FL 32303

New Mailing Address:

402 PLANTATION ROAD
TALLAHASSEE, FL 32303

FEI Number: 65-0970446

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: 2093 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: () 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 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 S OIRECHMAN

RABB

03/08/2007

Electronic Signature of Signing Officer or Director

_____ Date