

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000071

**FILED**  
**Feb 28, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

2601 N MERIDIAN RD.  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

2601 N MERIDIAN RD.  
TALLAHASSEE, FL 32303

**New Mailing Address:**

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

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

Title: SD  
Name: BISTON, RABBI J  
Address: 7100 LOXAHATCHEE RD  
City-St-Zip: PARKLAND, FL 33067

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

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: RABBI S. OIRECHMAN

PD

02/28/2011

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

\_\_\_\_\_  
Date