

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000003544

**FILED**  
**Mar 07, 2010**  
**Secretary of State**

**Entity Name:** LUBAVITCH-CHABAD JEWISH CENTER OF GAINESVILLE, INC.

**Current Principal Place of Business:**

2021 NW 5TH AVENUE  
GAINESVILLE, FL 32603

**New Principal Place of Business:**

**Current Mailing Address:**

2021 NW 5TH AVENUE  
GAINESVILLE, FL 32603

**New Mailing Address:**

**FEI Number:** 59-3652042

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GOLDMAN, BERL RABBI  
2021 NW 5TH AVENUE  
GAINESVILLE, FL 32603 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:** GOLDMAN, BERL RABBI  
**Address:** 2021 NW 5TH AVENUE  
**City-St-Zip:** GAINESVILLE, FL 32603

**Title:** VSTD  
**Name:** HECTH, SORA C  
**Address:** 2021 NW 5TH AVENUE  
**City-St-Zip:** GAINESVILLE, FL 32603

**Title:** D  
**Name:** KORF, AVROHOM RABBI  
**Address:** 1140 ALTON ROAD  
**City-St-Zip:** MIAMI BEACH, FL 33139

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:** BERL GOLDMAN

**PRES**

**03/07/2010**

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

\_\_\_\_\_  
Date