## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000006931

FILED Apr 26, 2005 Secretary of State

Entity Na				
	ame: CHABAD	JEWISH CENTER OF JUPIT	ER, INC.	
Current Principal Place of Business:			New Principal Place o	of Business:
	NING DEW CIF , FL 33458	RCLE		
Current Mailing Address:			New Mailing Address:	
	NING DEW CIF , FL 33458	RCLE		
FEI Numbe	r: 20-0186163	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
156 MOR	RASH, RABBI D NING DEW CIF , FL 33458 U			
	e named entity te of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,
SIGNATU	JRE:			
	Electror	nic Signature of Registered Ag	ent	Date
OFFICER	Electron			Date S TO OFFICERS AND DIRECTORS
OFFICER Title: Name: Address: City-St-Zip:	PSD ( BER BARASH, 156 MORNING	TORS: ) Delete RABBI DOV DEW CIRCLE	ADDITIONS/CHANGE	
Title: Name: Address:	PSD ( BER BARASH, 156 MORNING JUPITER, FL 3  VTD ( BARASH, CHA' 156 MORNING	TORS:  ) Delete RABBI DOV DEW CIRCLE 33458  ) Delete (A S DEW CIRCLE	ADDITIONS/CHANGE Title: ( Name: Address: City-St-Zip:	S TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip: Title: Name: Address:	PSD ( BER BARASH, 156 MORNING JUPITER, FL 3  VTD ( BARASH, CHAY 156 MORNING JUPITER, FL 3  D ( KORF, RABBI A 156 MORNING	TORS:  ) Delete RABBI DOV DEW CIRCLE 33458  ) Delete (A S DEW CIRCLE 33458  ) Delete AVROHOM DEW CIRCLE	ADDITIONS/CHANGE  Title: ( Name: Address: City-St-Zip:  Title: ( Name: Address: City-St-Zip:	S TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DOV BER BARASH PSD 04/26/2005