2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007878

FILED Jul 07, 2004 Secretary of State

Entity Name: CHABAD JEWISH CENTER OF COLLIER COUNTY NAPLES & MARCO ISLAND, INC.

Current Principal Place of Business: New Principal Place of Business:

734 MONTGOMERY STREET 701 PARK SHORE DR BROOKLYN, NY 11213 NAPLES, FL 34103

Current Mailing Address: New Mailing Address:

734 MONTGOMERY STREET 701 PARK SHORE DR BROOKLYN, NY 11213 NAPLES, FL 34103

FEI Number: 05-0588178 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:

STEIN, ERIC P ESQ 1820 NE 163RD STREET SUITE 100 NORTH MIAMI BEACH, FL 33162

OFFICERS AND DIRECTORS:

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:

Address:

City-St-Zip:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DPS (X) Change () Addition () Delete ZAKLOS, RABBI FISHEL ZAKLOS, RABBI FISHEL Name: Name: 734 MONTGOMERY STREET Address: 701 PARK SHORE DR Address: City-St-Zip: BROOKLYN, NY 11213 City-St-Zip: NAPLES, FL 34103

Title: VTD () Delete Title: VTD (X) Change () Addition

Name: ZAKLOS, ETTIE Name: ZAKLOS, ETTIE Address: 734 MONTGOMERY STREET Address: 701 PARK SHORE DR City-St-Zip: BROOKLYN, NY 11213 City-St-Zip: NAPLES, FL 34103

Title: () Delete Title: (X) Change () Addition KORF, RABBI A Name: BARASH, RABBI AVRAHAM E Name: 1140 ALTON ROAD 4020 N. HILLS DR #28 Address: Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: HOLLYWOOD, FL 33021

Title: () Delete Title: () Change () Addition Name:

STEIN, ERIC P ESQ Name: 1820 NE 163RD STREET #100 Address: NORTH MIAMI BEACH, FL 33162 City-St-Zip:

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: RABBI FISHEL ZAKLOS DPS 07/07/2004