2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# N03000007878

Entity Name: CHABAD JEWISH CENTER OF NAPLES, INC.

Current Principal Place of Business:

1195 CREECH ROAD
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

1195 CREECH ROAD
NAPLES, FL 34103

New Mailing Address:

FEI Number: 05-0588178 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STEIN, ERIC P ESQ
1820 NE 163RD STREET SUITE 100
NORTH MIAMI BEACH, FL 33162 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: DPS ( ) Delete
Name: ZAKLOS, RABBI FISHEL
Address: 1195 CREECH ROAD
City-St-Zip: NAPLES, FL 34103

Title: VTD ( ) Delete
Name: ZAKLOS, ETTIE
Address: 1195 CREECH ROAD
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete
Name: BARASH, RABBI AVRAHAM E
Address: 3401 N. HILLS DR
City-St-Zip: HOLLYWOOD, FL 33021

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

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 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: EXECUTIVE DIRECTOR - FISHEL ZAKLOS ED 04/06/2009

Electronic Signature of Signing Officer or Director — Date