

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006063

FILED  
Apr 13, 2007  
Secretary of State

Entity Name: CHABAD OF CAPE CORAL, INC.

**Current Principal Place of Business:**

2122 CAPE CORAL PKWY W  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

2122 CAPE CORAL PKWY W.  
CAPE CORAL, FL 33914

**New Mailing Address:**

FEI Number: 20-1349421      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LABKOWSKI, JOSEPH Y RABBI  
2122 CAPE CORAL PKWY W  
CAPE CORAL, FL 33914      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: PSD ( ) Delete  
Name: LABKOWSKI, JOSEPH Y  
Address: 2122 CAPE CORAL PKWY W.  
City-St-Zip: CAPE CORAL, FL 33914

Title: VTD ( ) Delete  
Name: LABKOWSKI, RIFKA  
Address: 2122 CAPE CORAL PKWY W.  
City-St-Zip: CAPE CORAL, FL 33914

Title: D ( ) Delete  
Name: GURRAY, NATHAN  
Address: 378 CROWN ST.  
City-St-Zip: BROOKLYN, NY 11225

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SILBERSTEIN, MENACHEM  
Address: 23 BLOSSOM TER  
City-St-Zip: LARCHMONT, NY 10538

I hereby certify that the information supplied with this filing does not qualify for the 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: J LABKOWSKI

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

PSD

04/13/2007

\_\_\_\_\_ Date