

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011760

Entity Name: CHABAD OF NOVA, INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

8672 BLAZE COURT
DAVIE, FL 33328

New Principal Place of Business:

Current Mailing Address:

8672 BLAZE COURT
DAVIE, FL 33328

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POSNER, SHMUEL
8672 BLAZE CT
DAVIE, FL 33328 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: P () Delete
Name: POSNER, SHMUEL L
Address: 8672 BLAZE CT
City-St-Zip: DAVIE, FL 33328

Title: D () Delete
Name: POSNER, SHMUEL
Address: 8672 BLAZE CT
City-St-Zip: DAVIE, FL 33328

Title: VP () Delete
Name: POSNER, CHAYA G
Address: 8672 BLAZE CT
City-St-Zip: DAVIE, FL 33328

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:

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: SHMUEL POSNER

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date