

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003450

FILED  
May 02, 2006  
Secretary of State

Entity Name: CHABAD OF VENICE AND NORTH PORT FLORIDA, INC.

**Current Principal Place of Business:**

451 CROWN STREET  
BROOKLYN, NY 11225

**New Principal Place of Business:**

4043 WALL LANE  
NORTH PORT, FL 34287

**Current Mailing Address:**

451 CROWN STREET  
BROOKLYN, NY 11225

**New Mailing Address:**

4043 WALL LANE  
NORTH PORT, FL 34287

FEI Number: 20-2799569      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

STEIN, ERIC P ESQ.  
1820 N.E. 163RD STREET, SUITE 100  
NORTH MIAMI BEACH, FL 33162      US

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

SCHMERLING, DOV P  
4043 WALL LANE  
NORTH PORT, FL 34287      US

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: DOV SCHMERLING

05/02/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: SCHMERLING, DOV RABBI  
Address: 451 CROWN STREET  
City-St-Zip: BROOKLYN, NY 11225

Title: VSD      ( ) Delete  
Name: SCHMERLING, CHAYA  
Address: 451 CROWN STREET  
City-St-Zip: BROOKLYN, NY 11225

Title: D      ( ) Delete  
Name: HILDESHAIM, YITZCHOK Y  
Address: 485 BROOKLYN AVENUE  
City-St-Zip: BROOKLYN, NY 11225

Title: D      ( ) Delete  
Name: BROOK, SHMUEL  
Address: 559 ROUTE 23  
City-St-Zip: WAYNE, NJ 07470

Title: D      ( ) Delete  
Name: HELLER, HILLEL  
Address: 564 EMPIRE BLVD.  
City-St-Zip: BROOKLYN, NY 11225

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

Title: PD      (X) Change ( ) Addition  
Name: SCHMERLING, DOV RABBI  
Address: 4043 WALL LANE  
City-St-Zip: NORTH PORT, FL 34287

Title: VSD      (X) Change ( ) Addition  
Name: SCHMERLING, CHAYA  
Address: 4043 WALL LANE  
City-St-Zip: NORTH PORT, FL 34287

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 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: DOV SCHMERLING

P

05/02/2006

Electronic Signature of Signing Officer or Director

Date