

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003450

FILED
Feb 27, 2008
Secretary of State

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

Current Principal Place of Business:

2169 S.TAMIAMI TRAIL
VENICE, FL 34293

New Principal Place of Business:

Current Mailing Address:

2169 S.TAMIAMI TRAIL
VENICE, FL 34293

New Mailing Address:

FEI Number: 20-2799569

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SCHMERLING, DOV P
2169 S.TAMIAMI TRAIL
VENICE, FL 34293 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:

02/27/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: D () Delete
Name: SHAPIR, TAL
Address: 3213 TRINITY ST
City-St-Zip: NORTH PORT, FL 34287

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

Title: D () Delete
Name: OPPENHEIMER, RICHARD
Address: 1294 TUSCANY BLVD
City-St-Zip: VENICE, FL 34293

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SCHMERLING, DOV RABBI
Address: 2169 S.TAMIAMI TRAIL
City-St-Zip: VENICE, FL 34293

Title: VSD (X) Change () Addition
Name: SCHMERLING, CHAYA
Address: 2169 S.TAMIAMI TRAIL
City-St-Zip: VENICE, FL 34293

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: DOV SCHMERLING

PD

02/27/2008

Electronic Signature of Signing Officer or Director

Date