

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000244

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: CHABAD OF WEST PASCO, INC.

## Current Principal Place of Business:

8645 ARDENWOOD COURT  
NEW PORT RICHEY, FL 34655

## New Principal Place of Business:

1731 SWAMP ROSE LN  
NEW PORT RICHEY, FL 34655

## Current Mailing Address:

8645 ARDENWOOD COURT  
NEW PORT RICHEY, FL 34655

## New Mailing Address:

1731 SWAMP ROSE LN  
NEW PORT RICHEY, FL 34655

FEI Number: 20-4097309

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STEIN, ERIC P ESQ  
1820 NE 163RD STREET SUITE 100  
N 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: DP ( ) Delete  
Name: EBER, JOSEPH  
Address: 8645 ARDENWOOD COURT  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: DVS ( ) Delete  
Name: NEMANOW, NEHAMA  
Address: 8645 ARDENWOOD COURT  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D ( ) Delete  
Name: MINSKY, MENAHEM  
Address: 633 E NEW YORK AVE #2L  
City-St-Zip: BROOKLYN, NY 11203

Title: D ( ) Delete  
Name: CHEIN, PERETZ  
Address: 54 TURNER STREET  
City-St-Zip: WALTHAM, MA 02453

Title: D ( ) Delete  
Name: KORF, ALTER  
Address: 6132 DARTMOUTH AVE N  
City-St-Zip: ST PETERSBURG, FL 33710

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: EBER, JOSEPH  
Address: 1731 SWAMP ROSE LN  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: DVS (X) Change ( ) Addition  
Name: NEMANOW, NEHAMA  
Address: 1731 SWAMP ROSE LN  
City-St-Zip: NEW PORT RICHEY, FL 34655

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: JE

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

Date