2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 10, 2009
Secretary of State

DOCUMENT# N06000002674

Entity Name: CHABAD LUBAVITCH OF SOUTHSIDE, INC.

Current Principal Place of Business:

11271 ALUMNI WAY
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

11271 ALUMNI WAY
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 20-4836916 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NOVACK, SHMUEL
7883 CHASE MEADOWS DR E
JACKSONVILLE, FL 32256 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: PD ( ) Delete
Name: NOVACK, SHMUEL
Address: 7883 CHASE MEADOWS DR E
City-St-Zip: JACKSONVILLE, FL 32256

Title: VD ( ) Delete
Name: NOVACK, CHANA
Address: 7883 CHASE MEADOWS DR E
City-St-Zip: JACKSONVILLE, FL 32256

Title: SD ( ) Delete
Name: GOLDSTEIN, FRED
Address: 7003 CATALONIA AVE.
City-St-Zip: JACKSONVILLE, FL 32217

Title: M ( ) Delete
Name: KAUFMAN, JESSE
Address: 10129 HALEY RD
City-St-Zip: JACKSONVILLE, FL 32257

Title: M ( ) Delete
Name: HILL, GALIT
Address: 4558 DEEP GROVE CT
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: NOVACK, CHANA
Address: 7883 CHASE MEADOWS DR E
City-St-Zip: JACKSONVILLE, FL 32256

Title: VD (X) Change ( ) Addition
Name: NOVACK, SHMUEL
Address: 7883 CHASE MEADOWS DR E
City-St-Zip: JACKSONVILLE, FL 32256

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 NOVACK VP 06/10/2009

Electronic Signature of Signing Officer or Director — Date