

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006937

FILED
Apr 30, 2009
Secretary of State

Entity Name: CHABAD OF PALM BEACH GARDENS, INC.

Current Principal Place of Business:

445 WOODVIEW CIR
PALM BCH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

445 WOODVIEW CIR
PALM BCH GARDENS, FL 33418

New Mailing Address:

FEI Number: 20-5197484

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VIGLER, DAVID
445 WOODVIEW CIR
PALM BCH GARDENS, FL 33418 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: D () Delete
Name: STEIN, ERIC
Address: 1820 NE 163RD STREET #100
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D () Delete
Name: KRINSKY, H. DAVID
Address: 9601 COLLINS AVE #806
City-St-Zip: BAL HARBOUR, FL 33154

Title: D () Delete
Name: YESHAYE HALLER, MORDECHAI A
Address: 2615 MICHIGAN ST NE
City-St-Zip: GRAND RAPIDS, MI 39506

Title: D () Delete
Name: MIZRAHI, DANIEL
Address: 9559 COLLINS AVE #707
City-St-Zip: SURFSIDE, FL 33154

Title: PD () Delete
Name: VIGLER, DAVID
Address: 445 WOODVIEW CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: ST () Delete
Name: VIGLER, CHANA
Address: 445 WOODVIEW CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33418

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:

Title: () Change () Addition
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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: CV

ST

04/30/2009

Electronic Signature of Signing Officer or Director

Date