

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008695

FILED
Mar 06, 2009
Secretary of State

Entity Name: CHABAD AT THE CIVIC CENTER, INC.

Current Principal Place of Business:

5701 MARIUS STREET
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

5701 MARIUS STREET
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 20-5614198 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLEIN, YOCHANON
5701 MARIUS STREET
CORAL GABLES, FL 33146 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: KLEIN, YOCHANON
Address: 5701 MARIUS STREET
City-St-Zip: CORAL GABLES, FL 33146

Title: DVST () Delete
Name: KLEIN, ESTER
Address: 5701 MARIUS STREET
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: FELLIG, YAKOV
Address: 3713 MAIN HWY
City-St-Zip: COCONUT GROVE, FL 33133

Title: D () Delete
Name: FELLIG, MENACHEM
Address: 1251 HARDEE AVE
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: SCHAPIRO, SCHNEUR Z
Address: 2040 ALTON ROAD
City-St-Zip: MIAMI BEACH, FL 33140

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
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: YOCHANON KLEIN

PRES

03/06/2009

Electronic Signature of Signing Officer or Director

_____ Date