

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008695

FILED  
May 04, 2010  
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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

KLEIN, YOCHANON  
5701 MARIUS STREET  
CORAL GABLES, FL 33146      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: YOCHANAN KLEIN

P

05/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date