

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010744

Entity Name: CHABAD AT UCF, INC.

FILED  
Jan 27, 2008  
Secretary of State

## Current Principal Place of Business:

708 LAKE HOWELL ROAD  
MAITLAND, FL 32751

## New Principal Place of Business:

600 OAK CIRCLE  
OVIEDO, FL 32765

## Current Mailing Address:

P.O. BOX 780642  
ORLANDO, FL 32878

## New Mailing Address:

600 OAK CIRCLE  
OVIEDO, FL 32765

FEI Number: 20-5758752

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LIPSKIER, CHAIM B  
708 LAKE HOWELL RD  
MAITLAND, FL 32751 US

## Name and Address of New Registered Agent:

LIPSKIER, CHAIM B  
600 OAK CIRCLE  
OVIEDO, FL 32765 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: CHAIM LIPSKIER

01/27/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LIPSKIER, CHAIM B  
Address: 708 LAKE HOWELL ROAD  
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete  
Name: LIPSKIER, RIVKA  
Address: 708 LAKE HOWELL ROAD  
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete  
Name: TENNENHAUS, MENACHEM M  
Address: 813 DIPLOMAT PKWY  
City-St-Zip: HALLANDALE, FL 33009

Title: D ( ) Delete  
Name: TENNENHAUS, NECHAMA D  
Address: 813 DIPLOMAT PKWY  
City-St-Zip: HALLANDALE, FL 33009

Title: D ( ) Delete  
Name: DUBROWSKI, MENACHEM M  
Address: 4717 GRAINARY AVENUE  
City-St-Zip: TAMPA, FL 33624

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: LIPSKIER, CHAIM B  
Address: 600 OAK CIRCLE  
City-St-Zip: OVIEDO, FL 32765

Title: D (X) Change ( ) Addition  
Name: LIPSKIER, RIVKA  
Address: 600 OAK CIRCLE  
City-St-Zip: OVIEDO, FL 32765

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: CHAIM LIPSKIER

DI

01/27/2008

Electronic Signature of Signing Officer or Director

Date