

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010744

FILED  
Feb 16, 2010  
Secretary of State

Entity Name: CHABAD AT UCF, INC.

**Current Principal Place of Business:**

600 OAK CIRCLE  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

600 OAK CIRCLE  
OVIEDO, FL 32765

**New Mailing Address:**

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  
600 OAK CIRCLE  
OVIEDO, FL 32765 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  
Name: LIPSKIER, CHAIM B  
Address: 600 OAK CIRCLE  
City-St-Zip: OVIEDO, FL 32765

Title: D  
Name: LIPSKIER, RIVKA  
Address: 600 OAK CIRCLE  
City-St-Zip: OVIEDO, FL 32765

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

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

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

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: CHAIM LIPSKIER

D

02/16/2010

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

\_\_\_\_\_  
Date