

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011651

FILED
Jan 30, 2009
Secretary of State

Entity Name: CHABAD OF PALMETTO BAY INC

Current Principal Place of Business:

9457 BYRON AVENUE
SURFSIDE, FL 33154 US

New Principal Place of Business:

16721 SW 78TH COURT
PALMETTO BAY, FL 33157 US

Current Mailing Address:

9457 BYRON AVENUE
SURFSIDE, FL 33154 US

New Mailing Address:

16721 SW 78TH COURT
PALMETTO BAY, FL 33157 US

FEI Number: 26-1368692

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GANSBURG, CHNEOR Z
9457 BYRON AVENUE
SURFSIDE, FL 33154 US

Name and Address of New Registered Agent:

GANSBURG, CHNEOR Z
16721 SW 78TH COURT
PALMETTO BAY, FL 33157 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:

01/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: PD () Delete
Name: GANSBURG, CHNEOR Z
Address: 9457 BYRON AVENUE
City-St-Zip: SURFSIDE, FL 33154 US

Title: TD () Delete
Name: BEHAR, MOSHE
Address: 10245 COLLINS AVENUE #2A
City-St-Zip: BAL HARBOR, FL 33154 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: GANSBURG, CHNEOR Z
Address: 16721 SW 78TH COURT
City-St-Zip: PALMETTO BAY, FL 33157 US

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: CHNEOR GANSBURG

PD

01/30/2009

Electronic Signature of Signing Officer or Director

Date