

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005634

FILED  
Feb 16, 2010  
Secretary of State

**Entity Name:** BAIS MENACHEM CHABAD INC.

**Current Principal Place of Business:**

8913 EASTMAN DR.  
TAMPA, FL 33626

**New Principal Place of Business:**

**Current Mailing Address:**

8913 EASTMAN DR.  
TAMPA, FL 33626

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

RIVKIN, LEVI I  
8913 EASTMAN DR.  
TAMPA, FL 33626      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: RIVKIN, LEVI I RABBI  
Address: 8913 EASTMAN DR.  
City-St-Zip: TAMPA, FL 33626

Title: D  
Name: RIVKIN, CHANA H MRS  
Address: 8913 EASTMAN DR.  
City-St-Zip: TAMPA, FL 33626

Title: O  
Name: ASTRA, EILEEN  
Address: 14755 SAN MARSALA CRT  
City-St-Zip: TAMPA, FL 33626

Title: O  
Name: KLEIN, ELLEN  
Address: 5055 CYPRESS TRACE DR.  
City-St-Zip: TAMPA, FL 33624

Title: O  
Name: SAMPSON, JODY  
Address: 16605 WINDOR PARK DR.  
City-St-Zip: TAMPA, FL 33549

Title: O  
Name: MIELE, BONNIE  
Address: 5608 PADDOCK TRAIL DR.  
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: LEVI RIVKIN

D

02/16/2010

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

\_\_\_\_\_  
Date