

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010465

FILED  
Feb 11, 2009  
Secretary of State

**Entity Name:** CHABAD OF HARBOR ISLANDS, THREE ISLANDS AND GOLDEN ISLES, INC.

**Current Principal Place of Business:**

1295 E. HALLANDALE BCH BLVD.  
HALLANDALE BCH, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

1295 E. HALLANDALE BCH BLVD.  
HALLANDALE BCH, FL 33009

**New Mailing Address:**

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

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

RAPHAEL, RABBI  
1295 E. HALLANDALE BCH BLVD.  
HALLANDALE BCH, FL 33009    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: PD                      ( ) Delete  
Name: FEINER, RABBI M  
Address: 1104 NE 2ND ST.  
City-St-Zip: HALLANDALE BCH, FL 33009

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

Title: D                      ( ) Delete  
Name: TENNENHAUS, LEVI Y  
Address: 1745 E. HALLANDALE BCH BLVD., 606W  
City-St-Zip: HALLANDALE, FL 33009

Title: D                      ( ) Delete  
Name: TENNENHAUS, MENDEL  
Address: 1131 N. NORTHLAKE DR.  
City-St-Zip: HOLLYWOOD, FL 33019

Title: S                      ( ) Delete  
Name: SCHWARTZ, MOSHE  
Address: 1108 NE 5TH ST.  
City-St-Zip: HALLANDALE BCH, FL 33009

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: RAPHAEL TENNENHAUS

D

02/11/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date