

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011649

FILED
Jan 28, 2009
Secretary of State

Entity Name: CHABAD LUBAVITCH OF S. AUGUSTINE, INC.

Current Principal Place of Business:

112 LAURELWOOD WAY
#G206
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

604 S. TREE GARDEN DR.
ST. AUGUSTINE, FL 32086

Current Mailing Address:

112 LAURELWOOD WAY
#G206
ST. AUGUSTINE, FL 32086

New Mailing Address:

604 S. TREE GARDEN DR.
ST. AUGUSTINE, FL 32086

FEI Number: 26-1619613

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VOGEL, RABBI L
112 LAURELWOOD WAY
#G206
ST. AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

VOGEL, LEVI Y RABBI
604 S. TREE GARDEN DR.
ST. AUGUSTINE, FL 32086 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: LEVI VOGEL

01/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MR. () Delete
Name: VOGEL, LEVI Y RABBI
Address: 112 LAUREL WOOD WAY #206
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: MRS. () Delete
Name: VOGEL, CHAYA F MRS.
Address: 112 LAUREL WOOD WAY #206
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: MR. () Delete
Name: KAHANOV, JOSEPH I RABBI
Address: 2967 BRAEMAR DR.
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. (X) Change () Addition
Name: VOGEL, LEVI Y RABBI
Address: 604 S. TREE GARDEN DR.
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: DR. (X) Change () Addition
Name: BRONOWITZ, RICHARD P.H.D.
Address: 3133 WATSON DR. S.
City-St-Zip: JACKSONVILLE, FL 32257

Title: MR. (X) Change () Addition
Name: COHEN, JEFF
Address: 9133 AUDUBON PARK LANE
City-St-Zip: JACKSONVILLE, FL 32257

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: RABBI LEVI VOGEL

MR.

01/28/2009

Electronic Signature of Signing Officer or Director

Date