

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2008
Secretary of State

DOCUMENT# N07000011949

Entity Name: CHABAD LUBAVITCH OF SOUTH TAMPA INC.

Current Principal Place of Business:

4532 W. KENNEDY BLVD.
529
TAMPA, FL 33609 US

New Principal Place of Business:

4107 W PLATT ST
TAMPA, FL 33609 US

Current Mailing Address:

4532 W. KENNEDY BLVD.
529
TAMPA, FL 33609 US

New Mailing Address:

4107 W PLATT ST
TAMPA, FL 33609 US

FEI Number: 26-1576111

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUBROWSKI, MENACHEM M
4717 GRAINARY AVE.
TAMPA, FL 33624 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: P () Delete
Name: DUBROWSKI, MENACHEM M
Address: 742 MONTGOMERY ST. #F1
City-St-Zip: BROOKLYN, NY 11213 US

Title: VP () Delete
Name: DINERMAN, MORDECHAI Y
Address: 555 CROWN ST. #1D
City-St-Zip: BROOKLYN, NY 11213 US

Title: SEC () Delete
Name: LANDA, SHLOMO A
Address: 36 WYNNWOOD DR.
City-St-Zip: FAIRFIELD, CT 06830 US

Title: VP () Delete
Name: TENNENHAUS, LEVI Y
Address: 1745 E. HALLANDALE BLVD #606
City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: TR () Delete
Name: BACKMAN, AHARON D
Address: 7403 HOPKINS AVE.
City-St-Zip: COLLEGE PARK, MD 20740 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DUBROWSKI, MENACHEM M
Address: 4107 W PLATT ST
City-St-Zip: TAMPA, FL 33609 US

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: MENDY DUBROWSKI

P

04/13/2008

Electronic Signature of Signing Officer or Director

Date