2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011949

City-St-Zip:

COLLEGE PARK, MD 20740 US

Entity Name: CHABAD LUBAVITCH OF SOUTH TAMPA INC.

FILED May 13, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
4107 W PL TAMPA, FL		3826 W PL TAMPA, FL	
Current Mailing Address:		New Mailing Address:	
4107 W PL TAMPA, FL		3826 W PL TAMPA, FL	
FEI Number: 26-1576111 FEI Number Applied For () FEI Number No In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior			
Name and	Address of Current Registered Agent:	Name and	Address of New Registered Agent:
4717 GRAI TAMPA, FL	SKI, MENACHEM M NARY AVE. . 33624 US named entity submits this statement for the purpose o	f changing it	ts registered office or registered agent, or both,
in the State of Florida.			
SIGNATURE:			
0.0.0.	Electronic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete DUBROWSKI, MENACHEM M 4107 W PLATT ST TAMPA, FL 33609 US	Title: Name: Address: City-St-Zip:	P (X) Change () Addition DUBROWSKI, MENACHEM M 3826 W PLATT ST TAMPA, FL 33609 US
Title: Name: Address: City-St-Zip:	VP () Delete DINERMAN, MORDECHAI Y 555 CROWN ST. #1D BROOKLYN, NY 11213 US	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition DINERMAN, MORDECHAI Y 725 MONTGOMERY ST F1 BROOKLYN, NY 11213 US
Title: Name: Address: City-St-Zip:	SEC () Delete LANDA, SHLOMO A 36 WYNNWOOD DR. FAIRFIELD, CT 06830 US	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VP () Delete TENNENHAUS, LEVI Y 1745 E. HALLANDALE BLVD #606 HALLANDALE BEACH, FL 33009 US	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	TR () Delete BACKMAN, AHARON D 7403 HOPKINS AVE	Title: Name:	() Change () Addition

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.

City-St-Zip:

SIGNATURE: MENDY DUBROWSKI P 05/13/2009