

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000007285

FILED  
Apr 16, 2012  
Secretary of State

Entity Name: CHABAD OF CLAY COUNTY, INC.

## Current Principal Place of Business:

2285 MARSH HAWK LANE  
#13-201  
FLEMING ISLAND, FL 32003

## New Principal Place of Business:

2285 MARSH HAWK LANE  
#13-201  
FLEMING ISLAND, FL 32003 UN

## Current Mailing Address:

2285 MARSH HAWK LANE  
#13-201  
FLEMING ISLAND, FL 32003

## New Mailing Address:

2285 MARSH HAWK LANE  
#13-201  
FLEMING ISLAND, FL 32003 UN

FEI Number: 45-2982738

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FELDMAN, SHMUEL  
2285 MARSH HAWK LANE  
#13-201  
FLEMING ISLAND, FL 32003 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  
Name: FELDMAN, SHMUEL  
Address: 2285 MARSH HAWK LANE, #13-201  
City-St-Zip: FLEMING ISLAND, FL 32003

Title: VPST  
Name: FELDMAN, SHAINA  
Address: 2285 MARSH HAWK LANE, #13-201  
City-St-Zip: FLEMING ISLAND, FL 32003

Title: D  
Name: FELDMAN, SHAINA  
Address: 2285 MARSH HAWK LANE, #13-201  
City-St-Zip: FLEMING ISLAND, FL 32003

Title: D  
Name: KAHANOV, YOSEPH  
Address: 2967 BRAEMAR DR.  
City-St-Zip: JACKSONVILLE, FL 32257

Title: D  
Name: VOGEL, LEVI  
Address: 604 S TREE GARDEN DR  
City-St-Zip: ST AUGUSTINE, FL 32086

Title: D  
Name: HECHT, BORUCH  
Address: 26 TIKVAH WAY  
City-St-Zip: MORRISTOWN, NJ 07960

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: SHMUEL FELDMAN

PD

04/16/2012

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

\_\_\_\_\_  
Date