

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N14270 1. Entity Name CHABAD-LUBAVITCH OF GREATER ORLANDO, INC.					
Principal Place of Business 708 LAKE HOWELL RD 642 GREEN MEADOW AVE. MAITLAND, FL 32751 US				Mailing Address 708 LAKE HOWELL ROAD MAITLAND, FL 32751 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2824551	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DUBOV, SHOLOM B. (RABBI) 642 GREEN MEADOW AVE. MAITLAND, FL 32751				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 15, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PVD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUBOV, SHOLOM B. (RABBI)		NAME	500080148755	
STREET ADDRESS	642 GREEN MEADOW AVE.		STREET ADDRESS	09/25/06--01053--013 **\$61.25	
CITY-ST-ZIP	MAITLAND, FL		CITY-ST-ZIP	09/25/06--01053--013 **\$61.25	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUBOV, DEVORAH L.		NAME	500080148755	
STREET ADDRESS	642 GREEN MEADOW AVE.		STREET ADDRESS	11/03/06--01035--010 **\$175.00	
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP	11/03/06--01035--010 **\$175.00	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EZAGUI, PINCHUS		NAME	REINSTATEMENT	
STREET ADDRESS	125 DEER LAKE CIRCLE		STREET ADDRESS	10/30/06	
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP	06	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KONIKOV, ZVI		NAME	REINSTATEMENT	
STREET ADDRESS	17 BARBARA CT		STREET ADDRESS	10/30/06	
CITY-ST-ZIP	SATELLITE BEACH, FL 32937		CITY-ST-ZIP	06	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KONIKOV, YOSEF		NAME	REINSTATEMENT	
STREET ADDRESS	6756 TAMARINO CIRCLE		STREET ADDRESS	10/30/06	
CITY-ST-ZIP	ORLANDO, FL 32819		CITY-ST-ZIP	06	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGER, JEFFREY A		NAME	REINSTATEMENT	
STREET ADDRESS	1616 SPRUCE STREET		STREET ADDRESS	10/30/06	
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP	06	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 9/15/06 Daytime Phone # 407-644-2500	

