

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90017 011 ****61.25

DOCUMENT # *N27941*

1. Corporation Name

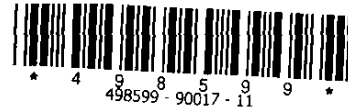
CHABAD OF PINELLAS COUNTY, INC.

Principal Place of Business

*3696 Fisher Rd
Palm Harbor FL USA
34683*

Mailing Address

*40 Robert L Tankelesq,
1299 Main St, Suite F
Dunedin FL 34698 USA*



2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

08/15/1988

4. FEI Number

59-2905025

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

*Tankeles, Robert L., Esq.
1299 Main St. Suite F
Dunedin FL 34698*

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME *ST ADLER, SHALOM*
STREET ADDRESS *395 WINDING WILLOW DR*
CITY-ST-ZIP *PALM HARBOR FL*

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME *ST ADLER, SHALOM*
1.3 STREET ADDRESS *708 SAMANTHA DRIVE*
1.4 CITY-ST-ZIP *PALM HARBOR FL 34683*

TITLE ☐ DELETE
NAME *VD KREISLER, LEON*
STREET ADDRESS *1000 ROYAL BIRKDALE DR*
CITY-ST-ZIP *TARPON SPRINGS, FL*

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME *PD BROWN, IRVING*
STREET ADDRESS *110 CLAY'S TRAIL*
CITY-ST-ZIP *OLDSMAR FL*

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME *D KATZ, CHARLES*
STREET ADDRESS *3423 MERMOR DR #205*
CITY-ST-ZIP *PALM HARBOR FL*

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME *D ADLER, CHANIE*
STREET ADDRESS *395 WINDING WILLOW DR*
CITY-ST-ZIP *PALM HARBOR FL*

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME *D ADLER, CHANIE*
5.3 STREET ADDRESS *708 SAMANTHA DRIVE*
5.4 CITY-ST-ZIP *PALM HARBOR, FL 34683*

TITLE ☐ DELETE
NAME *D BENET, GAIL*
STREET ADDRESS *3155 VALEMOORE DR*
CITY-ST-ZIP *PALM HARBOR FL*

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME *D BENET, GAIL*
6.3 STREET ADDRESS *3831 BROOKSWORTH AVENUE*
6.4 CITY-ST-ZIP *TARPON SPRINGS, FL 34689*

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

Date

(727) 789-0408

Daytime Phone #

CR2E037 (11/98)