

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Aug 11, 2004
Secretary of State**

DOCUMENT# N27941

Entity Name: CHABAD OF PINELLAS COUNTY, INC.

Current Principal Place of Business:

3696 FISHER RD
PALM HARBOR, FL 34683 US

New Principal Place of Business:

Current Mailing Address:

C/O ROBERT L TANKEL
1022 MAIN ST STE D
DUNEDIN, FL 34698 US

New Mailing Address:

FEI Number: 59-2905025 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TANKEL, ROBERT L E
1022 MAIN ST
SUITE D
DUNEDIN, FL 34698 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: ST () Delete
Name: ADLER, SHALOM
Address: 708 SAMANTHA DR
City-St-Zip: PALM HARBOR, FL 34683

Title: VD () Delete
Name: KREISLER, LEON,
Address: 1000 ROYAL BIRKDALE DRIVE
City-St-Zip: TARPON SPRINGS, FL

Title: PD () Delete
Name: COHEN, STEVEN
Address: 125 CARLYLE CIRCLE
City-St-Zip: PALM HARBOR, FL 34683

Title: D () Delete
Name: KATZ, CHARLES,
Address: 871 NEW YORK AVE #106
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: ADLER, CHANIE
Address: 708 SAMANTHA DR
City-St-Zip: PALM HARBOR, FL 34683

Title: D () Delete
Name: BENET, GAIL,
Address: 3831 BROOKSWORTH AVE
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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 for the exemption stated in Section 119.07(3)(i), 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: STEVEN COHEN

P

08/11/2004

Electronic Signature of Signing Officer or Director

_____ Date