

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27941

FILED  
Apr 21, 2009  
Secretary of State

**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:**

3696 FISHER RD  
PALM HARBOR, FL 34683 US

**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, GAYLE  
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 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.

SIGNATURE: SHALOM ADLER

ST

04/21/2009

Electronic Signature of Signing Officer or Director

Date