FILE NOW: FILING FEE IS $61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 05 1998 8:00am
Secretary of State

DOCUMENT # N41219   (9)
1. Corporation Name

CHABAD LUBAVITCH OF SARASOTA AND MANATEE COUNTIE
S, INC.

Principal Place of Business	Mailing Address
2142 REYNOLDS ST SARASOTA FL 34231 US	2142 REYNOLDS ST SARASOTA FL 34231 US

3. Date Incorporated or Qualified
11/29/1990

4. FEI Number
65-0234425   Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	
21	26	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	
City & State 23	City & State 28	
Zip 24	Country 25	Zip 29	Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GRYBAUSKAS, NYJOLA S.
3631 FIFTH AVE. N.
ST. PETERSBURG FL 33713

10. Name and Address of New Registered Agent

61	Name
62	Street Address (P.O. Box Number is Not Acceptable)
63	
64	City FL	65	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 _____ CHAIM STEINMETZ DIRECTOR 2/27/98
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	DP	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	STEIN, BARRY		1.2 NAME	CHAIM STEINMETZ	
STREET ADDRESS	7625 KAPOK DRIVE		1.3 STREET ADDRESS	3100 BISPHAM RD.	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE	D	☐ DELETE	2.1 TITLE	DS	☐ Change ☒ Addition
NAME	WEINSTEIN, MORRIS		2.2 NAME	SARA STEINMETZ	
STREET ADDRESS	4351 CAROLANN RD.		2.3 STREET ADDRESS	3100 BISPHAM RD.	
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE	DT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TUDIN, RONNI		3.2 NAME		
STREET ADDRESS	5741 BENT OAK DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP		
TITLE	DV	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FRED, TOM		4.2 NAME		
STREET ADDRESS	8311 EAGLE CROSSING		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SACHAROW, LEON		5.2 NAME		
STREET ADDRESS	2330 RIVERBLUFF PKWY		5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34231		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: _____ CHAIM STEINMETZ D 2-27-98 941 925-