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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N41219

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

11/29/1990

4. FEI Number

65-0234425

Applied For

Not Applicable

5. Certificate of Status Desired

input box

\$8.75 Additional Fee Required

6. Election Campaign Financing

input box

Trust Fund Contribution

\$5.00 May Be Added to Fees

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

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

TITLE DP DELETED

NAME STEIN, BARRY STREET ADDRESS 7625 KAPOK DRIVE CITY-ST-ZIP SARASOTA FL

TITLE D DELETED

NAME WEINSTEIN, MORRIS STREET ADDRESS 4351 CAROLANN RD. CITY-ST-ZIP SARASOTA FL

TITLE DT DELETED

NAME TUDIN, RONNI STREET ADDRESS 5741 BENT OAK DRIVE CITY-ST-ZIP SARASOTA FL

TITLE D DELETED

NAME STEINMETZ, CHAIM STREET ADDRESS 3100 BISPHAM RD CITY-ST-ZIP SARASOTA FL 34231

TITLE D DELETED

NAME SACHAROW, LEON STREET ADDRESS 2330 RIVERBLUFF PKWY CITY-ST-ZIP SARASOTA FL 34231

TITLE DS DELETED

NAME STEINMETZ, SARA STREET ADDRESS 3100 BISPHAM RD CITY-ST-ZIP SARASOTA FL 34231

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

RECORDED STEINMETZ 3/8/99 941 925-0770

Date

Daytime Phone #

CR2E037 (1/98)