

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41219

FILED
Jan 10, 2006
Secretary of State

Entity Name: CHABAD LUBAVITCH OF SARASOTA AND MANATEE COUNTIES, INC.

Current Principal Place of Business:

7700 BENEVA RD
SARASOTA, FL 34238 US

New Principal Place of Business:

Current Mailing Address:

7700 BENEVA RD
SARASOTA, FL 34238 US

New Mailing Address:

FEI Number: 65-0234425

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRYBAUSKAS, NYJOLA S.
3631 FIFTH AVE. N.
ST. PETERSBURG, FL 33713 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: DP () Delete
Name: STEIN, BARRY
Address: 7625 KAPOK DRIVE
City-St-Zip: SARASOTA, FL 34241

Title: D () Delete
Name: WEINSTEIN, MORRIS
Address: 3713 TORREY PINES BOULEVARD
City-St-Zip: SARASOTA, FL 34238

Title: D () Delete
Name: TUDIN, RONNI
Address: 815 PARADISE WAY
City-St-Zip: SARASOTA, FL 34242

Title: DS () Delete
Name: STEINMETZ, CHAIM
Address: 7700 WILLIAMS AVE.
City-St-Zip: SARASOTA, FL 34231

Title: T () Delete
Name: ROSEN, HOWARD
Address: 3940 TORREY PINES BLVD
City-St-Zip: SARASOTA, FL 34238

Title: DS () Delete
Name: STEINMETZ, SARA
Address: 7700 WILLIAMS AVE.
City-St-Zip: SARASOTA, FL 34231

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
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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 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: CHAIM STEINMETZ

DS

01/10/2006

Electronic Signature of Signing Officer or Director

Date