

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41903

FILED
Apr 30, 2008
Secretary of State

Entity Name: CHABAD OF THE SPACE COAST, INC.

Current Principal Place of Business:

1190 HIGHWAY A1A
SATELLITE BEACH, FL 32937 US

New Principal Place of Business:

Current Mailing Address:

1190 HIGHWAY A1A
SATELLITE BEACH, FL 32937 US

New Mailing Address:

FEI Number: 59-3067579

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KONI KOV, ZVI
17 BARBARA COURT
SATELLITE BEACH, FL 32937 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: PD () Delete
Name: KONIKOV, ZVI RABBI,
Address: 17 BARBARA CT
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D () Delete
Name: PERLUMTTER, JACK
Address: 563 HIGHWAY A1A
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D () Delete
Name: DUBOV, SHOLOM B RABBI
Address: 642 GREEN MEADOW AVE
City-St-Zip: MAITLAND, FL 32751

Title: ST () Delete
Name: KONIKOV, SHULAMIT
Address: 17 BARBARA CT
City-St-Zip: SATELLITE BEACH, FL 32937

Title: V () Delete
Name: PERLMUTTER, JACK
Address: 563 HIGHWAY A1A
City-St-Zip: SATELLITE BEACH, FL 32937

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:

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: ZVI KONIKOV

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date