

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41903

FILED  
Jul 15, 2009  
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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

KONI KOV, ZVI  
17 BARBARA COURT  
SATELLITE BEACH, FL 32937 US

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: KONIKOV, ZVI

PD

07/15/2009

Electronic Signature of Signing Officer or Director

Date