

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46681

FILED
Sep 02, 2009
Secretary of State

Entity Name: FRIENDS OF CHABAD LUBAVITCH OF TAMPA AND CENTRAL FLORIDA, INC.

Current Principal Place of Business:

14908 PENNINGTON RD
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

14908 PENNINGTON RD
TAMPA, FL 33624

New Mailing Address:

FEI Number: 59-2983438 **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:

DUBROWSKI, YOSSIE
4717 GRAINARY AVENUE
TAMPA, FL 33624 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: DUBROWSKI, YOSSIE
Address: 4717 GRAINARY AVE.
City-St-Zip: TAMPA, FL 33624

Title: VD () Delete
Name: DUBROWSKI, MOSHE
Address: 630 EMPIRE BLVD
City-St-Zip: BROOKLYN, NY 11213

Title: TD () Delete
Name: COHEN, LEVY
Address: 14908 PENNINGTON RD
City-St-Zip: TAMPA, FL 33624

Title: S () Delete
Name: DUBROWSKI, SULHA
Address: 4717 GRAINARY AVE
City-St-Zip: TAMPA, FL 33624

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:

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: YOSSIE DUBROWSKI

PD

09/02/2009

Electronic Signature of Signing Officer or Director

Date