

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 28, 2004
Secretary of State**

DOCUMENT# N92000000375

Entity Name: CHABAD LUBAVITCH OF NORTHEAST FL., INC.

Current Principal Place of Business:

10129 HALEY RD.
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

Current Mailing Address:

10129 HALEY RD.
JACKSONVILLE, FL 32257 US

New Mailing Address:

FEI Number: 59-3172241 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAHANOV, RABBI Y
10129 HALEY RD.
JACKSONVILLE, FL 32257 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: KAHANOV, RABBI Y
Address: 2967 BRAEMAR DRIVE
City-St-Zip: JACKSONVILLE, FL

Title: VD () Delete
Name: COHEN, JEFF
Address: 8814 HEAVENSIDE CT.
City-St-Zip: JACKSONVILLE, FL

Title: TD () Delete
Name: KAHANOV, RIVKIE
Address: 2967 BRAEMAR DRIVE
City-St-Zip: JACKSONVILLE, FL

Title: SD () Delete
Name: KODNER, MYRON
Address: 9439 CONIFER RD
City-St-Zip: JACKSONVILLE, FL

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 for the exemption stated in Section 119.07(3)(i), 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: Y KAHANOV

PD

06/28/2004

Electronic Signature of Signing Officer or Director

Date