

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005298

FILED
Jun 22, 2009
Secretary of State

Entity Name: CHABAD OCEAN SYNAGOGUE, INC.

Current Principal Place of Business:

7 SEACREST PARKWAY
HOLLYWOOD, FL 33019

New Principal Place of Business:

Current Mailing Address:

464 MALBONE ST
#2
BROOKLYN, NY 11225

New Mailing Address:

FEI Number: 65-0805511 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:

HODKIN, PETER M
2101 WEST COMMERCIAL BLVD
SUITE 4100
FORT LAUDERDALE, FL 33309 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: DP () Delete
Name: SPIVAK, ALLAN
Address: 909 NE 27TH AVENUE
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: DT () Delete
Name: KUDAN, MENASHE L
Address: 1245 RODMAN STREET
City-St-Zip: HOLLYWOOD, FL 33019

Title: DV () Delete
Name: KUDAN, DAVID
Address: 1245 RODMAN STREET
City-St-Zip: HOLLYWOOD, FL 33019

Title: S () Delete
Name: LOKEINSKY, SHULAMIS
Address: 464 MALBONE ST #2
City-St-Zip: BROOKLYN, NY 11225

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: DAVID KUDAN

DV

06/22/2009

Electronic Signature of Signing Officer or Director

Date