

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-02-2004 90046 023 ****61.25

DOCUMENT # N95000001421 1. Entity Name CONGREGATION KAHAL CHASIDIM OF NORTH MIAMI BEACH, INC.					
Principal Place of Business 961 NE 172 ST N MIAMI BEACH FL 33162			Mailing Address PO BOX 641249 MIAMI FL 33164		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0577879	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KALCHMAN, CHARLES Z ESQ 17071 W DIXIE HIGHWAY N MIAMI BEACH FL 33160				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By: May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WIEDER, ALEX 17150 N.E. 10TH AVENUE N. MIAMI BEACH FL 33162	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KALCHMAN, CHARLES 970 NE 174 STREET N MIAMI BEACH FL 33162	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BLAUSTEIN, HASKEL 17400 NE 12 AVENUE N MIAMI BEACH FL 33162	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BLAUSTEIN, HASKEL 17400 NE 12th AV. N MIAMI BEACH, FL 33162 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GROSS, YESHAYA 17600 NE 10 AVENUE N MIAMI BEACH FL 33162	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER GROSS, YESHAYA 17606 NE 10th AV. N MIAMI BEACH, FL 33162 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BLUMBERG, AVI ☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BLUMBERG, AVRAHAM-SEC. 420 LINCOLN RD. MIAMI BEACH, FL 33140 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

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MOORE CR2E037 (11/03)