FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998

DOCUMENT #

N95000002508 (8)

FRIENDS OF CHABAD OF BOCA RATON, INC.

FILED Feb 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								L 18841101 614 18141 61111 60111 60111 60111 60111 60111 61111 6010) 1811 9011
5030 CHAMPION BLVD D#6 BOCA RATON FL 33496				5030 CHAMPION BLVD D#6 BOCA RATON FL 33496				3. Date Incorporated or Qualified 05/26/1995 4. FEI Number Applied For
								65-0591634 Not Applicable
2. Principal Place of Business				2a. Mailing Address				Certificate of Status Desired \$8.75 Additional
21 Subs Act # als				Suite, Apt. #, etc.				Fee Required
22	Sulte, Apt. #, etc.			27				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
	City & State			City & State				7. Is this nonprofit corporation a homeowners association?
23				28				☐ Yes ☐ No
	Zip				Country 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	4 25 29 30 9. Name and Address of Current Registered Agent				30			10. Name and Address of New Registered Agent
						B1	Name	
	LENOFF, MICHELE M					82	Street A	Address (P.O. Box Number is Not Acceptable)
	1761 W. HILLSBORO BLVD						0.000	tourists (1.0. pox names) is not recognisely.
SUITE 405						83		
	DEERFIE	LD BEACH	I FL 33442			84	City	FL 85 Zip Code
	Pursuant t	o the provisi	ions of Sections 617.0502	and 617.1508, Florida Statu	ites, the a	bove	-named c	corporation submits this statement for the purpose of changing its registered
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE								
					d Ager	nt signature re	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12		DP	OFFICERS AND	DELETE	1.1 Ti	T) F	—Т	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NA			ZALMAN		1.2 N			
			IAMPION BLVD D-6			1.3 STREET ADDRESS		
		BOCA R	ATON FL 33496	1		1.4 CITY - ST - ZIP		
TIT	TITLE DS			DELETE	2.1 TITLE			☐ Change ☐ Addition
			HANNAH	22 N		AME		
I BOOLE			HAMPION BLVD D#6			2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP		
	CITY-ST-ZIP BOCA RATON F		ATON FL 33496	2.40 DELETE 3.11			T-ZIP	Change Addition
			RG, MOSHE	Just Decett	3.2 NAME			· · · · · · · · · · · · · · · · · · ·
	TREET ADDRESS 5030 CHAMPION BLVD			3.3 ST		3.3 STREET ADDRESS		
CIT	BOCA RATON FL 33496			3.4. CITY-5		T-ZIP		
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NA	DENBURG, RIVHAK				4. 2 NAME			
	STREET ADDRESS 5030 CHAMPION BLVD D#				4.3 STREET			
CITY-ST-ZIP BU		BUCA H	BOCA RATON FL 33496			4.4 City-St-ZiP 5.1 Title		Change Addition
NA!					5.1 II		-	Country Tradition
	REET ADDRESS				1		ADDRESS	
-	Y-ST-ZIP		<u> </u>			5.4 City-ST-ZIP		
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NA	ME				6.2 N	AME		
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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 informatio inclicated on this annual report or supplemental annual 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 12 or Block 13 If changed, or on an attachment with an address.

1/29/98