2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2008 08:00 AM
Secretary of State

DOCUMENT # N95000002508

1. Entity Name
FRIENDS OF CHABAD OF BOCA RATON, INC.

Principal Place of Business	Mailing Address
17950 MILITARY TRAIL BOCA RATON, FL 33496 US	17950 MILITARY TRAIL BOCA RATON, FL 33496 US

07032008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0591634
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LENOFF, MICHELE M
1761 W. HILLSBORO BLVD
SUITE 405
DEERFIELD BEACH, FL 33442

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

U00000958648
08/29/08-80006-010 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BUKIET, ZALMAN
STREET ADDRESS	17950 MILITARY TR
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	DS
NAME	BUKIET, HANNAH
STREET ADDRESS	17950 MILITARY TR
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	DVS
NAME	DENBURG, MOSHE
STREET ADDRESS	17950 MILITARY TR
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	DAS
NAME	DENBURG, RIVKA
STREET ADDRESS	17950 MILITARY TR
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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] 7-23-08
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #