

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90147 022 \*\*\*\*61.25

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|                                                 |                                                                                   |                                                                                                                 |
|-------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

**DOCUMENT # N95000002556**

1. Corporation Name

**CHABAD LUBAVITCH OF COCONUT CREEK/POMPANO, INC.**

Principal Place of Business  
4835 COCONUT CREEK PKWY  
COCONUT CREEK FL 33063  
US

Mailing Address  
4835 COCONUT CREEK PKWY  
COCONUT CREEK FL 33063  
US



|                                                                                                     |                                                                                          |                                                                                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country | 3. Date Incorporated or Qualified<br>05/31/1995<br>4. FEI Number<br>65-0586884<br>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required<br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

9. Name and Address of Current Registered Agent

**LAZARUS, DAVID M**  
**1815 GRIFFIN ROAD**  
**SUITE 403**  
**DANIA FL 33004**

10. Name and Address of New Registered Agent

|                                                       |             |
|-------------------------------------------------------|-------------|
| 81 Name                                               | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83                                                    |             |
| 84 City                                               | FL          |

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 registered 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 registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | D <input type="checkbox"/> DELETE   | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LIPSYO, RABBI M                     | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 12 FORT ROYAL ISLE                  | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | FT. LAUDERDALE FL 33308             | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | PD <input type="checkbox"/> DELETE  | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GANSBURG, BAILA                     | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 3937 NW 22ND STREET                 | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | COCONUT CREEK FL                    | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | STD <input type="checkbox"/> DELETE | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GANSBURG, RABBI Y                   | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 3937 NW 22 ND STREET                | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | COCONUT CREEK FL                    | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE     | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                     | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                     | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE     | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                     | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                     | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE     | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                     | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                     | 6.4 CITY-ST-ZIP                                       |                                                                   |

14. 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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99  
Date

Daytime Phone #

CR2E037 (11/98)