

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000003080 (7)

1. Corporation Name
CHABAD-LUBAVITCH OF BOYNTON, INC.



Principal Place of Business 9872 MILITARY TRAIL #K1-B BOYNTON BEACH FL 33436 US	Mailing Address 9872 MILITARY TRAIL SUITE K1-B BOYNTON BEACH FL 33436 US
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3. Date Incorporated or Qualified
06/20/1995

4. FEI Number
65-0601251

Applied For	Not Applicable
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2. Principal Place of Business
 21

2a. Mailing Address
 26

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Suite, Apt. #, etc.
 22

Suite, Apt. #, etc.
 27

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

City & State
 23

City & State
 28

7. Is this nonprofit corporation a homeowners association?
 Yes No

Zip Country
 24 25

Zip Country
 29 30

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

CIMENT, RABBI SHOLOM
11211 S MILITARY TR
BOYNTON BEACH FL 33436

10. Name and Address of New Registered Agent

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

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 _____ (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	KORF, RABBI SHOLOM B	1.2 NAME	
STREET ADDRESS	7271 W ATLANTIC AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33446	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIMENT, RABBI SHOLOM	2.2 NAME	
STREET ADDRESS	11211 S MILITARY TR	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIMENT, N. DINA	3.2 NAME	
STREET ADDRESS	11211 S MILITARY TR	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	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 change, or on an attachment with an address.

SIGNATURE: *Sigolom Ciment* 1/7/98. (561) 732-4633

CR2E037 (10/97)