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Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N95000003080

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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|---|---|---|--------------------------------|-------------------------------|
| 2. Principal Place of Business 21 10655 El Clair Ranch Rd. Suite, Apt. #, etc. 22 Boynton Beach, Florida City & State 23 33437 USA Zip Country 24 25 | 2a. Mailing Address 26 Po Box 740934 Suite, Apt. #, etc. 27 Boynton, Florida City & State 28 33474 USA Zip Country 29 30 | 3. Date Incorporated or Qualified 06/20/1995 | 4. FEI Number 65-0601251 | Applied For Not Applicable |
| | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required | |
| | | 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

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

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

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--------|
| TITLE | D | DELETE |
| NAME | KORF, RABBI SHOLOM B | |
| STREET ADDRESS | 7271 W ATLANTIC AVE | |
| CITY-ST-ZIP | DELRAY BEACH FL 33446 | |
| TITLE | D | DELETE |
| NAME | CIMENT, RABBI SHOLOM | |
| STREET ADDRESS | 11211 S MILITARY TR | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33436 | |
| TITLE | D | DELETE |
| NAME | CIMENT, N. DINA | |
| STREET ADDRESS | 11211 S MILITARY TR | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33436 | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | President & Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Rabbi Shalom Ciment |
| 2.3 STREET ADDRESS | 11211 S. Military Trail #4521 |
| 2.4 CITY-ST-ZIP | Boynton Beach, Fl. 33436 |
| 3.1 TITLE | |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Levi Nagel |
| 4.3 STREET ADDRESS | 1368 President St. |
| 4.4 CITY-ST-ZIP | Brooklyn, NY 11213 |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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: Shalom Ciment 1/12/99 (561) 732-4633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)