


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000003080
 1. Entity Name
CHABAD-LUBAVITCH OF BOYNTON, INC.



Principal Place of Business Mailing Address
10655 EL CLAIR RANCH RD. **P.O. BOX 740934**
BOYNTON BEACH FL 33437 **BOYNTON BEACH FL 33474**
US **US**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/05)
 4. FEI Number Applied For
65-0601251 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CIMENT, RABBI SHOLOM
10655 EL CLAIR RANCH RD.
BOYNTON BEACH FL 33437

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PSD	CIMENT, SHOLOM	10899 LAKEWYNDS CT.	BOYNTON FL 33437	<input type="checkbox"/>
VD	DINA CIMENT, NECHANA	10899 LAKEWYNDS CT.	BOYNTON FL 33437	<input type="checkbox"/>
D	CIMENT, YAKOV	10655 EL CLAIR RANCH RD.	BOYNTON FL 33437	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Add
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 02/22/06-80038-003 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *A. Ciment* **Sholom Ciment** 1/29/06 561-732-46