2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # N95000003080 Feb 05, 2007 08:00 AM 1. Entity Name **Secretary of State** 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** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apl. #, elc. 1st MOORE CR2E037 (10/06) Applied For City & State City & State 4. FEI Number 65-0601251 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CIMENT, RABBI SHOLOM Street Address (P.O. Box Number is Not Acceptable) 10655 EL CLAIR RANCH RD. **BOYNTON BEACH FL 33437** City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agen) signature required when reinstaling) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Change ☐ AddItion ши PSD □ Delete HILE NAMI CIMENT, SHOLOM NAME STREET ADDRESS STREET ADDRESS 10899 LAKEWYNDS CT. U00000624333 CHY-SI-7/P BOYNTON FL 33437 CHTY-ST-ZIP HIII. Addition VΒ ☐ Delete HILE NAME NAME DINA CIMENT, NECHANA STREET ADDRESS STREET ADDRESS 10899 LAKEWYNDS CT. CHY-SI-ZIP **BOYNTON FL 33437** CHY-S1-7P Change ☐ Addition Delete D NAMI. NAME CIMENT, YAKOV STREET ADDRESS 10655 EL CLAIR RANCH RD. STREET ADDRESS CHY-S1-7(P CHY-ST- ZP **BOYNTON FL 33437** ☐ Change ☐ Addition DITTE Delete TITLE NAME. NAME STREET ADDRESS STREET ADDRESS CHY-S1-79P CITY-ST-ZIP ☐ Change ☐ Addition THE ☐ Delete THE STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP Addition III.I. ☐ Change Delete 1000 NAME NAME STREET ADDRESS STREET ADDRESS

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 eath; 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.

CHY-ST-7IP

SIGNATURE:

CHY-S1-7IP



Sholon Ciment

2/1/07

561-732-4633