

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 06, 2009  
Secretary of State**

DOCUMENT# N95000003080

Entity Name: CHABAD-LUBAVITCH OF BOYNTON, INC.

**Current Principal Place of Business:**

10655 EL CLAIR RANCH RD.  
BOYNTON BEACH, FL 33437 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 740934  
BOYNTON BEACH, FL 33474 US

**New Mailing Address:**

FEI Number: 65-0601251      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CIMENT, RABBI SHOLOM  
10655 EL CLAIR RANCH RD.  
BOYNTON BEACH, FL 33437 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: CIMENT, SHOLOM  
Address: 10899 LAKEWYNDS CT.  
City-St-Zip: BOYNTON, FL 33437

Title: VD ( ) Delete  
Name: DINA CIMENT, NECHANA  
Address: 10899 LAKEWYNDS CT.  
City-St-Zip: BOYNTON, FL 33437

Title: D ( ) Delete  
Name: CIMENT, YAKOV  
Address: 10655 EL CLAIR RANCH RD.  
City-St-Zip: BOYNTON, FL 33437

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RABBI SHOLOM CIMENT

PSD

01/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date