

FILE NOW: FILING FEE IS \$61.25

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Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005769 (2)**

1. Corporation Name

CHABAD OF DEERFIELD BEACH, INC.



Principal Place of Business

Mailing Address

**1068-104 S MILITARY TRAIL
DEERFIELD BEACH FL 33442**

**1068-104 S MILITARY TRAIL
DEERFIELD BEACH FL 33442-7681**

3. Date Incorporated or Qualified **11/12/1996** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 **638 NW 38 TERRACE** 26 **638 NW 38 TERRACE**
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **65-0706019** Applied For
Not Applicable

22 City & State 27 City & State
DEERFIELD BEACH FL **DEERFIELD BEACH, FL**

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

23 Zip 28 Zip 29 **33442** 30 **33442**

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

24 Country 25 Country 29 Country 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOLDSTEIN, RABBI Z
1068-104 S MILITARY TRAIL
DEERFIELD BEACH FL 33442**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **638 NW 38 TERRACE**
83
84 City **DEERFIELD BEACH** FL 85 Zip Code **33442**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, RABBI Z	1.2 NAME	
STREET ADDRESS	1068-104 S MILITARY TRAIL	1.3 STREET ADDRESS	638 NW 38 TERRACE
CITY - ST - ZIP	DEERFIELD BEACH FL 33442	1.4 CITY - ST - ZIP	DEERFIELD BEACH, FL 33442
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, MIRIAM	2.2 NAME	
STREET ADDRESS	1068-104 S MILITARY TRAIL	2.3 STREET ADDRESS	638 NW 38 TERRACE
CITY - ST - ZIP	DEERFIELD BEACH FL 33442	2.4 CITY - ST - ZIP	DEERFIELD BEACH, FL 33442
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, ANNA	3.2 NAME	
STREET ADDRESS	1068-104 S MILITARY TRAIL	3.3 STREET ADDRESS	638 NW 38 TERRACE
CITY - ST - ZIP	DEERFIELD BEACH FL 33442	3.4 CITY - ST - ZIP	DEERFIELD BEACH, FL 33442
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 do 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.

SIGNATURE: **Z. Goldstein, Zalman Goldstein** ☒ 3-15-97 ☒ 954-427-0778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0042927

CR2E037 (9/96)