

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90077 039 \*\*\*\*61.25

<b>DOCUMENT # N99000000581</b> 1. Entity Name <b>CHABAD JEWISH CENTER OF MARTIN/ST. LUCIE COUNTY, INC.</b>					
Principal Place of Business <b>2809 SW SUNSET TRAIL PALM CITY, FL 34990</b>			Mailing Address <b>2809 SW SUNSET TRAIL PALM CITY, FL 34990</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0896121</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>GRAZI, LEIF J</b> <b>217 E. OCEAN BLVD.</b> <b>STUART, FL 34994</b>			Name <b>Eubanks (Preferred Management Services)</b> Street Address (P.O. Box Number is Not Acceptable) <b>A 2008 annual report form was downloaded for the wrong corporation with similar document number. See #N99000005813.</b> City <div style="text-align: right;"><b>FL</b></div> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PTT	<input checked="" type="checkbox"/> Delete	TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>UMINER, RABBI S</b>		NAME	<b>Joe Corgan</b>	
STREET ADDRESS	<b>2809 SW SUNSET TRAIL</b>		STREET ADDRESS	<b>3735 Corgan Rd.</b>	
CITY-ST-ZIP	<b>PALM CITY, FL 34990</b>		CITY-ST-ZIP	<b>Deland, FL 32724</b>	
TITLE	VPT	<input checked="" type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>HARLIG, RABBI Y</b>		NAME	<b>AI ALSON</b>	
STREET ADDRESS	<b>8523 SW 103RD ST</b>		STREET ADDRESS	<b>PO Box 352018</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33156</b>		CITY-ST-ZIP	<b>Palm Coast, FL 32135</b>	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	Sec/Treas. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>UMINER, DANIELLA</b>		NAME	<b>Kay Shropshire</b>	
STREET ADDRESS	<b>2809 SW SUNSET TRAIL</b>		STREET ADDRESS	<b>18 Veranda Way</b>	
CITY-ST-ZIP	<b>PALM CITY, FL 34990</b>		CITY-ST-ZIP	<b>Palm Coast, FL 32137</b>	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FEIVISH, DALFIN R</b>		NAME		
STREET ADDRESS	<b>7421 MIAMI VIEW DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33141</b>		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GOLDMAN, BEREL</b>		NAME		
STREET ADDRESS	<b>2201 N W 5TH AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>GAINESVILLE, FL 33603</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <b>JOSEPH S. CORGAN</b> <b>1/18/08</b> <b>3864457212</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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