

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001822

FILED  
Jan 16, 2008  
Secretary of State

**Entity Name:** CHABAD LUBAVITCH OF WELLINGTON, INC.

**Current Principal Place of Business:**

1755 GRANTHAM RD.  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

1755 GRANTHAM RD.  
WELLINGTON, FL 33414

**New Mailing Address:**

FEI Number: 65-0911952      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GREENBERG, LAWRENCE A  
1740 GRANTHAM DRIVE  
WELLINGTON, FL 33414      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: DP      ( ) Delete  
Name: MUSKAL, MENACHEM M  
Address: 1755 GRANTHAM DRIVE  
City-St-Zip: WELLINGTON, FL 33414

Title: D      ( ) Delete  
Name: BEREL, BARASH  
Address: 156 MORNING DEW CIRCLE  
City-St-Zip: JUPITER, FL 33458

Title: DST      ( ) Delete  
Name: LIPSZYC, ABRAHAM  
Address: 1948 N.E. 123RD COURT  
City-St-Zip: NORTH MIAMI, FL 33181

**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: M. MUSKAL

DP

01/16/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date