

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005248

FILED
Feb 21, 2006
Secretary of State

Entity Name: CHABAD OF PARKLAND, INC.

Current Principal Place of Business:

7170 N. HILLSBORO CANAL RD
PARKLAND, FL 33067

New Principal Place of Business:

Current Mailing Address:

7170 N. HILLSBORO CANAL RD
PARKLAND, FL 33067

New Mailing Address:

FEI Number: 65-0946383

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BISTON, JOSEPH
7720 NW 63RD WAY
PARKLAND, FL 33067 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: PTD () Delete
Name: BISTON, JOSEPH
Address: 7720 NW 63RD WAY
City-St-Zip: PARKLAND, FL 33067

Title: D () Delete
Name: BISTON, BAYLA
Address: 7720 NW 63RD WAY
City-St-Zip: PARKLAND, FL 33067

Title: VPD () Delete
Name: GUTNICK, MENDY
Address: 6625 NW 113 WAY
City-St-Zip: POMPANO BEACH, FL 33076

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 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: JOSEPH BISTON

PTD

02/21/2006

Electronic Signature of Signing Officer or Director

Date