

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000000071

**FILED**  
**Feb 01, 2023**  
**Secretary of State**  
**9459411496CC**

**Entity Name:** CHABAD LUBAVITCH OF THE PANHANDLE, TALLAHASSEE, INC.

**Current Principal Place of Business:**

224 CHAPEL DRIVE  
TALLAHASSEE, FL 32304

**Current Mailing Address:**

224 CHAPEL DRIVE  
TALLAHASSEE, FL 32304 US

**FEI Number:** 65-0970446

**Certificate of Status Desired:** No

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

OIRECHMAN, SCHNEUR Z RABBI  
224 CHAPEL DR  
TALLAHASSEE, FL 32304 US

*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:** SCHNEUR Z. OIRECHMAN

02/01/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name OIRECHMAN, SCHNEUR Z RABBI  
Address 232 CHAPEL DRIVE  
City-State-Zip: TALLAHASSEE FL 32304

Title TD  
Name OIRECHMAN, CHANA  
Address 232 CHAPEL DR  
City-State-Zip: TALLAHASSEE FL 32304

Title SD  
Name BISTON, RABBI J  
Address 7100 LOXAHATCHEE RD  
City-State-Zip: PARKLAND FL 33067

Title VPD  
Name SALVER, ISAAC  
Address 12550 BISCAYNE BLVD SUITE#701  
City-State-Zip: NORTH MIAMI FL 33181

*I hereby 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 all other like empowered.*

**SIGNATURE:** RABBI SCHNEUR OIRECHMAN

PD

02/01/2023

Electronic Signature of Signing Officer/Director Detail

Date