

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000001506

**Entity Name:** CHABAD OF CHARLOTTE COUNTY, INC.

**Current Principal Place of Business:**

204 E MCKENZIE ST  
UNIT B  
PUNTA GORDA, FL 33950

**Current Mailing Address:**

204 E MCKENZIE ST  
UNIT B  
PUNTA GORDA, FL 33950 US

**FEI Number:** 20-2896301

**Certificate of Status Desired:** No

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

JACOBSON, SIMON RABBI  
455 W WILLIAM STREET  
PUNTA GORDA, FL 33950 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PD  
Name JACOBSON, SIMON RABBI  
Address 455 W WILLIAM STREET  
City-State-Zip: PUNTA GORDA FL 33950

Title SVPD  
Name JACOBSON, SHEINA  
Address 455 W WILLIAM STREET  
City-State-Zip: PUNTA GORDA FL 33950

Title D  
Name BENDET, MENDEL  
Address 204 E MCKENZIE ST  
UNIT B  
City-State-Zip: PUNTA GORDA FL 33950

*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:** SIMON JACOBSON

DIR

08/14/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date