

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000007811

**FILED**  
**Jan 09, 2015**  
**Secretary of State**  
**CC5197182196**

**Entity Name:** CHABAD OF SOUTH PALM BEACH, INC.

**Current Principal Place of Business:**

224 S. OCEAN BLVD.  
MANALAPAN, FL 33462

**Current Mailing Address:**

426 BEACH CURVE RD.  
LANTANA, FL 33462

**FEI Number:** 57-1240142

**Certificate of Status Desired:** No

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

STOLIK, YEHUDA L  
426 BEACH CURVE RD.  
LANTANA, FL 33462 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	Title	D
Name	STOLIK, YEHUDA L	Name	GUTNICK, MENACHEM
Address	426 BEACH CURVE RD.	Address	426 BEACH CURVE RD.
City-State-Zip:	LANTANA FL 33462	City-State-Zip:	LANTANA FL 33462
Title	TD	Title	VSD
Name	KIVMAN, YOSEF	Name	STOLIK, SHAINA
Address	426 BEACH CURVE RD.	Address	426 BEACH CURVE RD.
City-State-Zip:	LANTANA FL 33462	City-State-Zip:	LANTANA FL 33462

*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:** YEHUDA STOLIK

**PRESIDENT**

**01/09/2015**

Electronic Signature of Signing Officer/Director Detail

Date