

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000001521

**Entity Name:** CHABAD CIRCLE OF FRIENDS, INC.

**Current Principal Place of Business:**

1500 NORTH STATE ROAD 7  
MARGATE, FL 33063

**Current Mailing Address:**

1500 NORTH STATE ROAD 7  
MARGATE, FL 33063

**FEI Number:** 20-8585641

**Certificate of Status Desired:** No

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

SICKLES, BARRY MESQ.  
3300 UNIVERSITY DRIVE #712  
CORAL SPRINGS, FL 33065 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 P  
Name LICHY, MAX  
Address 1500 NORTH STATE ROAD 7  
City-State-Zip: MARGATE FL 33063

Title V  
Name LICHY, ROSA  
Address 1500 NORTH STATE ROAD 7  
City-State-Zip: MARGATE FL 33063

*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:** MAX LICHY

**PRESIDENT**

**01/09/2014**

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

\_\_\_\_\_  
Date