

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000011949

**FILED**  
**Apr 07, 2017**  
**Secretary of State**  
**CC5219407943**

**Entity Name:** CHABAD LUBAVITCH OF SOUTH TAMPA INC.

**Current Principal Place of Business:**

2511 W SWANN AVE  
#201  
TAMPA, FL 33609

**Current Mailing Address:**

2511 W SWANN AVE  
#201  
TAMPA, FL 33609 US

**FEI Number: 26-1576111**

**Certificate of Status Desired: No**

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

DUBROWSKI, MENACHEM M  
2511 W SWANN AVE  
#201  
TAMPA, FL 33609 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 DUBROWSKI, MENACHEM M  
Address 202 S AUDUBON AVE #1  
City-State-Zip: TAMPA FL 33609

Title VP  
Name DINERMAN, MORDECHAI Y  
Address 1702 PRESIDENT ST  
City-State-Zip: BROOKLYN NY 11213

Title SEC  
Name LANDA, SHLOMO A  
Address 36 WYNNWOOD DR.  
City-State-Zip: FAIRFIELD CT 06830

Title VP  
Name TENNENHAUS, LEVI Y  
Address 1124 NE 4TH CT  
City-State-Zip: HALLANDALE BEACH FL 33009

Title TR  
Name BACKMAN, AHARON D  
Address 4506 SWEETWATER LAKE DRIVE  
City-State-Zip: TAMPA FL 33613

*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: MENACHEM DUBROWSKI**

**PRESIDENT**

**04/07/2017**

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

\_\_\_\_\_  
Date