

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000001468

Entity Name: CHABAD LUBAVITCH OF LAKELAND, INC.**Current Principal Place of Business:**3500 SOUTH FLORIDA AVENUE
SUITE 3
LAKELAND, FL 33803**Current Mailing Address:**3500 SOUTH FLORIDA AVENUE
SUITE 3
LAKELAND, FL 33803**FEI Number:** 45-4233720**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAZAROS, MOSHE
1542 TURTLE ROCK DRIVE
LAKELAND, FL 33803 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	SECRETARY, DIRECTOR
Name	LAZAROS, MOSHE RABBI
Address	1542 TURTLE ROCK DRIVE
City-State-Zip:	LAKELAND FL 33803

Title	DIRECTOR
Name	DUBROWSKI, YOSSIE RABBI
Address	4717 GRAINARY AVENUE
City-State-Zip:	TAMPA FL 33624

Title	DIRECTOR
Name	DUBOV, SHOLOM RABBI
Address	642 GREEN MEADOW AVENUE
City-State-Zip:	MAITLAND FL 32751

Title	DIRECTOR
Name	WIENER, MICHAEL
Address	2137 KIRKLAND LAKE DRIVE
City-State-Zip:	AUBURNDALE FL 33823

Title	DIRECTOR
Name	PURETZ, JEFFREY M.D.
Address	6603 STONINGTON DRIVE NORTH
City-State-Zip:	TAMPA FL 33647

Title	DIRECTOR
Name	BORTUNK, FRANK
Address	3745 PINE TREE DRIVE
City-State-Zip:	MIAMI BEACH FL 33140

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: MOSHE LAZAROS**DIRECTOR****04/30/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date