

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000001468

**Entity Name:** CHABAD LUBAVITCH OF LAKELAND, INC.

**FILED**  
**Apr 30, 2013**  
**Secretary of State**  
**CC9531371016**

**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