

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000007285

Entity Name: CHABAD OF CLAY COUNTY, INC.

Current Principal Place of Business:

1760 EAGLE CREST DR.
FLEMING ISLAND, FL 32003

Current Mailing Address:

1760 EAGLE CREST DR.
FLEMING ISLAND, FL 32003 US

FEI Number: 45-2982738

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FELDMAN, SHMUEL
1760 EAGLE CREST DR.
FLEMING ISLAND, FL 32003 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
Name FELDMAN, SHMUEL
Address 1760 EAGLE CREST DR.
City-State-Zip: FLEMING ISLAND FL 32003

Title VPST
Name FELDMAN, SHAINA
Address 1760 EAGLE CREST DR.
City-State-Zip: FLEMING ISLAND FL 32003

Title D
Name FELDMAN, SHAINA
Address 1760 EAGLE CREST DR.
City-State-Zip: FLEMING ISLAND FL 32003

Title D
Name KAHANOV, YOSEPH
Address 2967 BRAEMAR DR.
City-State-Zip: JACKSONVILLE FL 32257

Title D
Name VOGEL, LEVI
Address 604 S TREE GARDEN DR
City-State-Zip: ST AUGUSTINE FL 32086

Title D
Name HECHT, BORUCH
Address 70 EGBERT AVE
City-State-Zip: MORRISTOWN NJ 07960

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: SHMUEL FELDMAN

PD

01/10/2015

Electronic Signature of Signing Officer/Director Detail

_____ Date