

**2021 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

03/03/2021

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

\_\_\_\_\_  
Date