

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41219

Entity Name: CHABAD LUBAVITCH OF SARASOTA AND MANATEE COUNTIES, INC.**Current Principal Place of Business:**7700 BENEVA RD
SARASOTA, FL 34238**Current Mailing Address:**7700 BENEVA RD
SARASOTA, FL 34238 US**FEI Number:** 65-0234425**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GRYBAUSKAS, NYJOLA S.
3631 FIFTH AVE. N.
ST. PETERSBURG, FL 33713 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	DP
Name	STEIN, BARRY DR.
Address	7625 KAPOK DRIVE
City-State-Zip:	SARASOTA FL 34241

Title	D
Name	WEINSTEIN, MORRIS
Address	3713 TORREY PINES BOULEVARD
City-State-Zip:	SARASOTA FL 34238

Title	DS
Name	STEINMETZ, CHAIM S
Address	7700 WILLIAMS AVE.
City-State-Zip:	SARASOTA FL 34231

Title	T
Name	ROSEN, HOWARD
Address	3940 TORREY PINES BLVD
City-State-Zip:	SARASOTA FL 34238

Title	DS
Name	STEINMETZ, SARA
Address	7700 WILLIAMS AVE.
City-State-Zip:	SARASOTA FL 34231

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: RABBI CHAIM STEINMETZ**DIRECTOR****02/23/2016**

Electronic Signature of Signing Officer/Director Detail

Date