

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N41219

**Entity Name:** CHABAD LUBAVITCH OF SARASOTA AND MANATEE COUNTIES, INC.

**FILED**  
**Feb 23, 2016**  
**Secretary of State**  
**CC1133789713**

**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 STEINMTETZ, 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