

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N42067

**FILED**  
**Jan 10, 2014**  
**Secretary of State**  
**CC2888475154**

**Entity Name:** CHABAD LUBAVITCH OF NORTH BROWARD AND PALM BEACH COUNTIES, INC.

**Current Principal Place of Business:**

7170 LOXAHATCHEE RD.  
PARKLAND, FL 33067

**Current Mailing Address:**

7170 LOXAHATCHEE RD.  
PARKLAND, FL 33067

**FEI Number: 65-0200283**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

BISTON, JOSEPH  
7720 NW 63RD AVE  
PARKLAND, FL 33067 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                    | Title           | DST               |
| Name            | BISTON, JOSEPH        | Name            | BISTON, BAYLA     |
| Address         | 7720 N.W. 63RD AVE    | Address         | 7720 NW 63RD AVE  |
| City-State-Zip: | PARKLAND FL 33067     | City-State-Zip: | PARKLAND FL 33067 |
|                 |                       |                 |                   |
| Title           | VP                    |                 |                   |
| Name            | KORF, SHOLOM          |                 |                   |
| Address         | 7495 W. ATLANTIC AVE  |                 |                   |
| City-State-Zip: | DELRAY BEACH FL 33446 |                 |                   |

*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: JOSEPH BISTON

DP

01/10/2014

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

\_\_\_\_\_  
Date