

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N92000000375

**Entity Name:** CHABAD LUBAVITCH OF NORTHEAST FL., INC.

**Current Principal Place of Business:**

10129 HALEY RD.  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

10129 HALEY RD.  
JACKSONVILLE, FL 32257 US

**FEI Number: 80-0095933**

**Certificate of Status Desired: No**

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

KAHANOV, RABBI Y  
10129 HALEY RD.  
JACKSONVILLE, FL 32257 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 KAHANOV, RABBI Y  
Address 2967 BRAEMAR DRIVE  
City-State-Zip: JACKSONVILLE FL

Title VD  
Name COHEN, JEFF  
Address 8814 HEAVENSIDE CT.  
City-State-Zip: JACKSONVILLE FL

Title TD  
Name KAHANOV, RIVKIE  
Address 2967 BRAEMAR DRIVE  
City-State-Zip: JACKSONVILLE FL

Title SD  
Name BRONOWITZ, RICHARD  
Address 3133 WATSON DRIVE SOUTH  
City-State-Zip: JACKSONVILLE FL 32257

*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: RIVKIE KAHANOV**

**TD**

**02/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date