


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

**Feb 06, 2008 08:00 AM
Secretary of State**

DOCUMENT # N02000005381
 1. Entity Name
UNITED JEWISH COMMUNITIES-KEY WEST, INC.



Principal Place of Business Mailing Address
181 KEY HAVEN DRIVE **181 KEY HAVEN DRIVE**
KEY WEST, FL 33040 **KEY WEST, FL 33040**



01302008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 30-0095079	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KREINCES, JOHN
181 KEY HAVEN DRIVE
KEY WEST, FL 33040

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **John Kreinces - pres. 2-3-08**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES KREINCES, JOHN G PRES 181 KEY HAVEN DRIVE KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KLITENICK, RICHARD M V PRES 1009 SIMONTON ST KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA SACHS, ALBERT TREAS 269 GOLF CLUB DRIVE KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR GRANT-MARGIL, KAREN DIR POB 5885 KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/15/08-80028-002 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **John Kreinces** **2-3-08** **305-294-9626**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #