SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 AUG -3 AM 9:18
SEC. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N21975** **(0)**

1. Corporation Name

CONGREGATION B'NAI ZION OF KEY WEST, FLORIDA, IN C.

Principal Place of Business	Mailing Address
B'NAI ZION SYNAGOGUE 750 UNITED STREET KEY WEST FL 33040	B'NAI ZION SYNAGOGUE 750 UNITED STREET KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/11/1987
3a. Date of Last Report: 02/10/1994
4. FEI Number: 59-2832116 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip 33040-3251 25 Country MONROE	29 Zip 33040-3251 30 Country MONROE

9. Name and Address of Current Registered Agent

APPELROUTH, STEWART L.
999 PONCE DE LEON BLVD.
SUITE 625
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTS	11 TITLE	☐ Change ☐ Addition
NAME	EINHORN, JACK	12 NAME	
STREET ADDRESS	1805 BLANCHE STREET	13 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☒ Change ☐ Addition
NAME	KLITENICK, MICHAEL	22 NAME	S
STREET ADDRESS	28 BAMBOO TERRACE	23 STREET ADDRESS	KLITENICK, MICHAEL 28 BAMBOO TERRACE
CITY-ST-ZIP	KEY WEST FL	24 CITY-ST-ZIP	~~KEY WEST, FL 33040~~
TITLE	S	31 TITLE	☒ Change ☐ Addition
NAME	BECK JOEL	32 NAME	V BECK, JOEL
STREET ADDRESS	1605 JAMAICA DRIVE	33 STREET ADDRESS	1605 JAMAICA DRIVE
CITY-ST-ZIP	KEY WEST FL	34 CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	APPEL, MILTON	42 NAME	
STREET ADDRESS	928 DUVAL STREET	43 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	LISZT, CLARA	52 NAME	
STREET ADDRESS	2421 FLAGLER AVENUE	53 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	KREINCES, JOHN	62 NAME	
STREET ADDRESS	12 ALLAMANDA TERRACE	63 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	64 CITY-ST-ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jack Einhorn JACK EINHORN-PRESIDENT 07-28-95 (305)296-5739
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000460