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Feb 24, 1999 8:00 am  
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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N21975**

1. Corporation Name

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

Principal Place of Business

**B'NAI ZION SYNAGOGUE  
750 UNITED STREET  
KEY WEST FL 33040-3251  
US**

Mailing Address

**B'NAI ZION SYNAGOGUE  
750 UNITED STREET  
KEY WEST FL 33040-3251  
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

**08/11/1987**

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**

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 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

*Stewart L. Appelrouth*

**1-14-99**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

T  
NAME **ROSS, LEONARD**  
STREET ADDRESS **750 UNITED ST.**  
CITY-ST-ZIP **KEY WEST FL 33040**

☒ DELETE

D  
NAME **KLITENICK, MICHAEL**  
STREET ADDRESS **28 BAMBOO TERR**  
CITY-ST-ZIP **KEY WST FL**

☐ DELETE

P  
NAME **RUBENSTEIN, ALVIN**  
STREET ADDRESS **1500 WHITE STREET**  
CITY-ST-ZIP **KEY WEST FL 33040-4836**

☐ DELETE

D  
NAME **APPEL, MILTON**  
STREET ADDRESS **926 DUVAL STREET**  
CITY-ST-ZIP **KEY WEST FL**

☐ DELETE

T  
NAME **LISZT, CLARA**  
STREET ADDRESS **2421 FLAGLER AVENUE**  
CITY-ST-ZIP **KEY WEST FL 33040-3843**

☐ DELETE

D  
NAME **MCMAHAN, MAE**  
STREET ADDRESS **2601 S. ROOSEVELT BLVD. #306C**  
CITY-ST-ZIP **KEY WEST FL**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

1.1 TITLE **VP**  
1.2 NAME **NEAL Goldberg**  
1.3 STREET ADDRESS **513 Duval St.**  
1.4 CITY-ST-ZIP **Key West 7133040**

☐ Change

☒ Addition

2.1 TITLE **D**  
2.2 NAME **Velkowitz Dorothy**  
2.3 STREET ADDRESS **2601 S Roosevelt 107A**  
2.4 CITY-ST-ZIP **Key West 7133040**

☐ Change

☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

*Stewart L. Appelrouth*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-15-99 305 294 3437**

Date

Daytime Phone #

CR2E037 (11/98)