# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Feb 27, 2004 8:00 am**
**Secretary of State**
02-27-2004 90035 024 ****70.00

DOCUMENT # N21975

1. Entity Name

CONGREGATION B'NAI ZION OF KEY WEST, FLORIDA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| B'NAI ZION SYNAGOGUE<br>750 UNITED STREET<br>KEY WEST FL 33040-3251<br>US | B'NAI ZION SYNAGOGUE<br>750 UNITED STREET<br>KEY WEST FL 33040-3251<br>US |

MOORE CR2E037 (11/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 750 United St | 750 United St |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Key West Fl | City & State: Key West Fl |
| Zip: 33040 Country: USA | Zip: 33040 Country: USA |

4. FEI Number: 59-2832116 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| APPELROUTH, STEWART L.<br>999 PONCE DE LEON BLVD.<br>SUITE 625<br>CORAL GABLES FL 33134 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |

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 _____ DATE

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

**FILE NOW: FEE IS $61.25**
**Due By May 1, 2004**

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

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>WEBB, CREGHTON<br>910 DUVAL ST<br>KEY WEST FL 33040 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Webb BARBARA<br>916 Duval St<br>Key West Fl 33040 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FELDMAN, DONNA<br>1420 ANLELA ST<br>KEY WEST FL 33040 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SI STERN<br>PO BOX 200<br>Sugarloaf Shores Fl 33044 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>COVAN, FREDERICK<br>1901 S ROOSEVELT<br>KEY WEST FL 33040 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>KENNETH WUSCHLER<br>915 Von Phister St<br>Key West Fl 33040 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>APPEL, MILTON<br>926 DUVAL STREET<br>KEY WEST FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>LISZT, CLARA<br>1901 S ROOSEVELT 303E<br>KEY WEST FL 33040-3843 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>MCMAHAN, MAE<br>2601 S. ROOSEVELT BLVD. #306C<br>KEY WEST FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. 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 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:** Clara Liszt Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #