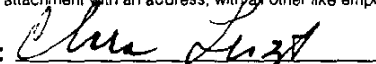


FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90011 046 ****61.25

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N21975					
1. Entity Name CONGREGATION B'NAI ZION OF KEY WEST, FLORIDA, INC.					
Principal Place of Business 750 UNITED STREET KEY WEST, FL 33040-3251 US		Mailing Address 750 UNITED STREET KEY WEST, FL 33040-3251 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	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 APPELROUTH, STEWART L. 999 PONCE DE LEON BLVD. SUITE 625 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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)					
Filing Fee is \$61.25 Due by May 1, 2005		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	VP	☐ Delete		TITLE	VP ☒ Change ☐ Addition
NAME	WEBB, BARBARA			NAME	SY STERN
STREET ADDRESS	910 DUVAL ST			STREET ADDRESS	PO BOX 420221
CITY-ST-ZIP	KEY WEST, FL 33040			CITY-ST-ZIP	SUMMERLAND KEY, FL 330503820 ☐ Change ☐ Addition
TITLE	D	☐ Delete		TITLE	P ☒ Change ☐ Addition
NAME	FELDMAN, DONNA			NAME	WEBB, BARBARA
STREET ADDRESS	1420 ANLELA ST			STREET ADDRESS	910 DUVAL ST
CITY-ST-ZIP	KEY WEST, FL 33040			CITY-ST-ZIP	KEY WEST, FL 33040 ☐ Change ☐ Addition
TITLE	P	☐ Delete		TITLE	
NAME	COVAN, FREDERICK			NAME	
STREET ADDRESS	1901 S ROOSEVELT			STREET ADDRESS	
CITY-ST-ZIP	KEY WEST, FL 33040			CITY-ST-ZIP	
TITLE	D	☐ Delete		TITLE	
NAME	APPEL, MILTON			NAME	
STREET ADDRESS	926 DUVAL STREET			STREET ADDRESS	
CITY-ST-ZIP	KEY WEST, FL			CITY-ST-ZIP	
TITLE	T	☐ Delete		TITLE	
NAME	LISZT, CLARA			NAME	
STREET ADDRESS	1901 S ROOSEVELT 303E			STREET ADDRESS	
CITY-ST-ZIP	KEY WEST, FL 330403843			CITY-ST-ZIP	
TITLE	S	☐ Delete		TITLE	
NAME	MCMAHAN, MAE			NAME	
STREET ADDRESS	2601 S. ROOSEVELT BLVD. #306C			STREET ADDRESS	
CITY-ST-ZIP	KEY WEST, FL			CITY-ST-ZIP	
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:  _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

50002782



01102005 Chg-NP CR2E037 (10/03)