

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90039 012 ****61.25

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



02022006 Chg-NP CR2E037 (11/05)

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 Stewart L. Appelrouth

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2006**

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEBB, BARBARA	
STREET ADDRESS	910 DUVAL ST	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	D	<input type="checkbox"/> Delete
NAME	FELDMAN, DONNA	
STREET ADDRESS	1420 ANLELA ST	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	P	<input type="checkbox"/> Delete
NAME	COVAN, FREDERICK	
STREET ADDRESS	1901 S ROOSEVELT	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	APPEL, MILTON	
STREET ADDRESS	926 DUVAL STREET	
CITY-ST-ZIP	KEY WEST, FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	LISZT, CLARA	
STREET ADDRESS	1901 S ROOSEVELT 303E	
CITY-ST-ZIP	KEY WEST, FL 330403843	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCMAHAN, MAE	
STREET ADDRESS	2601 S. ROOSEVELT BLVD. #306C	
CITY-ST-ZIP	KEY WEST, FL	

11. VP AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Si Stern	
STREET ADDRESS	PO Box 420221	
CITY-ST-ZIP	Summerland Key, FL 33042	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Kreincés	
STREET ADDRESS	181 Key Haven Road	
CITY-ST-ZIP	Key Haven, FL 33040	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ken Weschler	
STREET ADDRESS	915 Von Phister St	
CITY-ST-ZIP	Key West, FL 33040	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Clara Liszt CLARA LISZT

Date

Daytime Phone #

305-296-0154
1-2-2006