## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 757064** 

FILED Apr 16, 2007 Secretary of State

Entity Name: KEYS JEWISH COMMUNITY CENTER, INC.

**Current Principal Place of Business: New Principal Place of Business:** 93500 OVERSEAS HWY **TAVERNIER, FL 330702815 Current Mailing Address: New Mailing Address:** P.O. BOX 1332 **TAVERNIER, FL 330702815** FEI Number: 59-2427941 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHOCKET, JEFFREY STEINBOCK, STEPHEN 208 BUTTONWOOD LANE 147 GARDENIA STREET ISLAMORADA, FL 33036 US US TAVERNIER, FL 33070 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. SIGNATURE: STEPHEN STEINBOCK 04/16/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GRAHAM, MARTIN Name: Name: 609 N JADE DRIVE Address: Address: City-St-Zip: KEY LARGO, FL 33037 City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete SCHOCKET, JEFFREY Name: STEINBOCK, STEPHEN Name: Address: 208 BUTTONWOOD LANE Address: 147 GARDENIA ST City-St-Zip: ISLAMORADA, FL 33036 City-St-Zip: TAVENIER, FL 33070 Title: () Delete Title: () Change () Addition POLLACK, LINDA Name: Name: 107 LONG BEN DRIVE Address: Address: City-St-Zip: KEY KARGO, FL 33037 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: KLUGER, KURT Name: 163 INDIAN MOUND TRAIL Address: Address: City-St-Zip: TAVERNIER, FL 33070 City-St-Zip: Title: () Delete Title: () Change () Addition BETH, ALAN Name: Name: 33 N. BLACKWATER LANE Address: Address: City-St-Zip: KEY LARGO, FL 33037 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition RAKOV, NEIL ROSE, LORRAINE Name: Name: Address: 177 INDIAN MOUND TRAIL Address: 99 SEASIDE KEY LARGO, FL 33037 TAVERNIER, FL 33070 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA POLLACK T 04/16/2007