

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21975

FILED  
Mar 24, 2009  
Secretary of State

**Entity Name:** CONGREGATION B'NAI ZION OF KEY WEST, FLORIDA, INC.

**Current Principal Place of Business:**

750 UNITED STREET  
KEY WEST, FL 330403251 US

**New Principal Place of Business:**

**Current Mailing Address:**

750 UNITED STREET  
KEY WEST, FL 330403251 US

**New Mailing Address:**

**FEI Number:** 59-2832116

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COVAN, DIANE T  
1901 FOGARTY AVENUE  
SUITE 1  
KEY WEST, FL 33040 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: STERN, SI  
Address: PO BOX 420221  
City-St-Zip: SUMMERLAND KEY, FL 33042

Title: T ( ) Delete  
Name: KAWALER, EILEEN  
Address: 1901 S. ROOSEVELT BLVD. #308E  
City-St-Zip: KEY WEST, FL 33040

Title: P ( ) Delete  
Name: COVAN, FREDERICK L  
Address: 1901 FOGARTY AVE. #2  
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete  
Name: KREINCES, JOHN  
Address: 181 KEY HAVEN RD  
City-St-Zip: KEY HAVEN, FL 33040

Title: D ( ) Delete  
Name: YOUNG, ELIZABETH  
Address: 611 FRANCES STREET  
City-St-Zip: KEY WEST, FL 33040

Title: S ( ) Delete  
Name: MCMAHAN, MAE  
Address: 2601 S. ROOSEVELT BLVD. #306C  
City-St-Zip: KEY WEST, FL 33040

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: FREDERICK L. COVAN

P

03/24/2009

Electronic Signature of Signing Officer or Director

Date