

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21975

Entity Name: CONGREGATION B'NAI ZION OF KEY WEST, FLORIDA, INC.**Current Principal Place of Business:**750 UNITED STREET
KEY WEST, FL 33040-3251**Current Mailing Address:**750 UNITED STREET
KEY WEST, FL 33040-3251 US**FEI Number:** 65-0023035**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COVAN, DIANE T
1901 FOGARTY AVENUE
SUITE 1
KEY WEST, FL 33040 US*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

Officer/Director Detail :

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

Title	VP
Name	KREINCES, JOHN
Address	181 KEY HAVEN RD
City-State-Zip:	KEY HAVEN FL 33040

Title	DIRECTOR
Name	WHARTON, SIDNEY
Address	3655 SEASIDE DRIVE
City-State-Zip:	KEY WEST FL 33040

Title	DIRECTOR
Name	ABRAMOVITZ, LAWRENCE
Address	750 UNITED STREET
City-State-Zip:	KEY WEST FL 33040-3251

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

Title	CORRESPONDING SECRETARY
Name	MCMAHAN, MAE
Address	2601 S. ROOSEVELT BLVD. #306C
City-State-Zip:	KEY WEST FL 33040

Title	DIRECTOR
Name	WESCHLER, KENNETH
Address	750 UNITED STREET
City-State-Zip:	KEY WEST FL 33040-3251

Title	DIRECTOR
Name	WEBB, BARBARA
Address	750 UNITED STREET
City-State-Zip:	KEY WEST FL 33040-3251

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I hereby 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 all other like empowered.

SIGNATURE: FREDERICK L. COVAN

PRESIDENT

02/06/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR, RECORDING SECRETARY
Name FELDMAN, DONNA
Address 750 UNITED STREET
City-State-Zip: KEY WEST FL 33040-3251

Title DIRECTOR
Name FUNT, NANCY
Address 750 UNITED STREET
City-State-Zip: KEY WEST FL 33040-3251

Title SECRETARY
Name KLITENICK, MICHAEL P.
Address 3136 NORTHSIDE DRIVE
City-State-Zip: KEY WEST, FL 33040