

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000000021

**Entity Name:** CHABAD OF KEY WEST, INC.**Current Principal Place of Business:**906 TRINITY DRIVE  
KEY WEST, FL 33040**Current Mailing Address:**906 TRINITY DRIVE  
KEY WEST, FL 33040 US**FEI Number:** 65-0635011**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ZUCKER, JACOB  
906 TRINITY DRIVE  
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	PD
Name	ZUCKER, JACOB
Address	906 TRINITY DRIVE
City-State-Zip:	KEY WEST FL 33040

Title	D
Name	BISTON, JOSEPH
Address	7170 LAXAHATCHEE
City-State-Zip:	PARKLAND FL 33067

Title	VPD
Name	ZUCKER, CHANA
Address	3700 PEARLMAN COURT
City-State-Zip:	KEY WEST FL 33040

Title	TD
Name	TESHOVA, RONEN
Address	1101 WHITEHEAD STREET
City-State-Zip:	KEY WEST FL 33040

Title	SD
Name	PERETS, DAVID
Address	2905 VENETIAN DRIVE
City-State-Zip:	KEY WEST FL 33040

Title	OFFICER
Name	CUKIER, HARRY H
Address	824 QUINCY AV
City-State-Zip:	SCRANTON PA 18510

Title	OFFICER
Name	CUKIER, FRAIDEL
Address	824 QUINCY AV
City-State-Zip:	SCRANTON PA 18510

*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:** JACOB ZUCKER

PD

08/31/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date