FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **757064** **(1)**

1. Corporation Name
KEYS JEWISH COMMUNITY CENTER, INC.

Principal Place of Business	Mailing Address
93500 OVERSEAS HWY. TAVERNIER FL 33070-2615	P.O. BOX 1332 TAVERNIER FL 33070-2615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/16/1981**
3a. Date of Last Report: **03/03/1994**
4. FEI Number: **59-0684072** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GRAHAM, BEA
59 BIRD LANE
KEY LARGO FL 33037

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Bruce S. Graham 4/4/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P/D	☐ Change ☒ Addition
NAME	GRAHAM, BEA	1.2 NAME	GRAHAM, BEA	
STREET ADDRESS	59 BIRD LANE	1.3 STREET ADDRESS	59 BIRD LANE	
CITY-ST-ZIP	KEY LARGO FL 33037	1.4 CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	V	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	SMITH, STEVEN	2.2 NAME	SWARTZ, GEORGE	
STREET ADDRESS	88 CALLE ENSUENO	2.3 STREET ADDRESS	323 WOODS AVE	
CITY-ST-ZIP	MARATHON FL	2.4 CITY-ST-ZIP	TAVERNIER FL 33070	
TITLE	T/D	3.1 TITLE	T/D	☐ Change ☒ Addition
NAME	SWARTZ, MURIEL	3.2 NAME	SWARTZ, MURIEL	
STREET ADDRESS	323 WOODS AVE.	3.3 STREET ADDRESS	323 WOODS AVE	
CITY-ST-ZIP	TAVERNIER FL 33070	3.4 CITY-ST-ZIP	TAVERNIER FL 33070	
TITLE	SD	4.1 TITLE	CORRESPONDING SEC'Y/D	☒ Change ☐ Addition
NAME	TALLENT, CLAIRE	4.2 NAME	BOXER, SHIRLEY	
STREET ADDRESS	P.O. BOX 510663 N/A	4.3 STREET ADDRESS	801 South JADE	
CITY-ST-ZIP	KEY COLONY BEACH FL 33051-0663	4.4 CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	S/D	5.1 TITLE	S/D	☐ Change ☒ Addition
NAME	INCOCIATI, ESTELLE	5.2 NAME	INCOCIATI, ESTELLE	
STREET ADDRESS	927 TROPICAL LANE	5.3 STREET ADDRESS	927 TROPICAL LANE	
CITY-ST-ZIP	KEY LARGO FL	5.4 CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	S/D	6.1 TITLE	S/D	☐ Change ☒ Addition
NAME	GORDON, SUSAN	6.2 NAME	GORDON, SUSAN	
STREET ADDRESS	1 HARBOR SHORE RD.	6.3 STREET ADDRESS	1 HARBOR SHORE RD	
CITY-ST-ZIP	KEY LARGO FL	6.4 CITY-ST-ZIP	KEY LARGO FL 33037	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Muriel Swartz (Muriel Swartz) 4/3/95 305-852-1401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000445