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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 757064

(1)

KEYS JEWISH COMMUNITY CENTER, INC.

| FO 000 1070 | oort 5 Mied For Applicable dditional ulired May Be Fees |
|--|---|
| TAVERNIER FL 33070-2815 TAVERNIER FL 33070-2815 3. Date Incorporated or Qualified 03/16/1981 3a. Date of Last Re 03/16/1981 05/01/1982 2. Principal Place of Business 2. Additing Address 2. Address 3. Date Incorporated or Qualified 05/01/1982 2. Principal Place of Business 2. Address 3. Date Incorporated or Qualified 05/01/1982 2. Fell Number 3. Date Incorporated or Qualified 05/01/1982 4. FEI Number 5. Certificate of Status Desired | blied For Applicable dditional quired May Be p Fees |
| 2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 3. Principal Place of Business 3. Principal Place of Business 3. Principal Place of Business 4. FEI Number 5. South Apt. #, etc. 5. Certificate of Status Desired 5. Certificate of Status Desired 5. Certificate of Status Desired 7. Fee Re 8. Principal Place of Business 8. Principal Place of | blied For Applicable dditional quired May Be p Fees |
| Suite, Apt. #, etc. | Applicable dditional quired May Be p Fees |
| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, | dditional quired May Be o Fees |
| Solution Status | quired May Be Fees |
| Trust Fund Contribution Added to Added | Fees |
| Zip Country Zip Country B. This corporation has liability for intangible tax under s. 19 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 81 Name CORCE COUNTRY 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City TAVERING CountrY 85 Zip CORCE 86 Zip CORCE 87 Zip CORCE 88 Zip CORCE 89 Zip CORCE 80 Zip CORCE 80 Zip CORCE 80 Zip CORCE 80 Zip CORCE 81 Name CORCE 82 Street Address (P.O. Box Number is Not Acceptable) 83 Zip CORCE 84 City TAVERING CORCE 85 Zip CORCE 86 Zip CORCE 87 Zip CORCE 88 Zip CORCE 89 Zip CORCE 89 Zip CORCE 80 Zip CORCE 81 Name CORCE 82 Street Address (P.O. Box Number is Not Acceptable) 83 Zip CORCE 84 City TAVERING CORCE 85 Zip CORCE 86 Zip CORCE 87 Zip CORCE 87 Zip CORCE 88 Zip CORCE 89 Zip CORCE 80 Zip CORCE 80 Zip CORCE 80 Zip CORCE 80 Zip CORCE 81 Name CORCE 82 Street Address (P.O. Box Number is Not Acceptable) 83 Zip CORCE 84 City TAVERING CORCE 85 Zip CORCE 86 Zip CORCE 87 Zip CORCE 87 Zip CORCE 88 Zip CORCE 89 Zip CORCE 80 Zip CORCE 81 Name CORCE 81 Name CORCE 82 Zip CORCE 83 Zip CORCE 84 City TAVER Zip CORCE 85 Zip CORCE 86 Zip CORCE 86 Zip CORCE 87 Zip CORCE 87 Zip CORCE 88 Zip CORCE 88 Zip CORCE 89 Zip CORCE 80 Zip CORCE 80 Zip CORCE 80 Zip CORCE 80 Zip CORCE 81 Name CORCE 81 Name CORCE 82 Zip CORCE 83 Zip CORCE 84 City TAVER Zip CORCE 85 Zip CORCE 86 Zip CORCE 86 Zip CORCE 87 Zip CORCE 87 Zip CORCE 88 Zip CORC | |
| 25 29 30 Florida Statutes Yes Moo Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COROL COROL 2 Street Address (P.O. Box Number is Not Acceptable) 59 BIRD LANE 82 Street Address (P.O. Box Number is Not Acceptable) 83 City AUCOL 5 AUCOL | 9.032, |
| 9. Name and Address of Current Registered Agent 81 Name 3 CORCE 3 GRAHAM, BEA 59 BIRD LANE KEY LARGO FL 33037 84 City 1 AUCICIC FL 85 Zip C 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its reg 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. | |
| GRAHAM, BEA 59 BIRD LANE KEY LARGO FL 33037 82 Street Address (P.O. Box Number is Not Acceptable) 3 3 3 COCC 5 1 0 5 84 City TAVER NOTE C FL 85 Zipc 3 3 3 TOCC 5 3 TOCC 5 3 3 TOCC 5 TOCC 5 3 TOCC 5 TOC | |
| GRAHAM, BEA 59 BIRD LANE KEY LARGO FL 33037 82 Street Address (P.O. Box Number is Not Acceptable) 3 3 3 COCC 5 5 A € 5 83 B4 City A VER ADDRESS A COCC 5 5 A € 5 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its reg 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. | |
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| 84 City AUGIFICIA BS Zip C 3 The Provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its reg 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. | |
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| familiar with, and accept the obligations of Section 617 0503. Florida Statutes | ent. I am |
| + 1 > 7 | ler c |
| SIGNATURE Signature, byted or printed name of registered again, and total again, and again, and again, again, again, again, | 16 |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS CHANGES TO OFFICE RS AND DIRECTORS | !N 12 |
| THILE PD DELETE 1.1 THE PD | Addition |
| NAME GRAHAM, BEA STREET ADDRESS 59 BIRDLANE 12 NAME | |
| STREET ADDRESS 59 BIRDLANE 1.3 STREET ADDRESS 33.3 (1000) 5 AUG | |
| CITY-ST-ZIP KEY LARGO FL 14CITY-ST-ZIP TO VERNIER, TO 33070 | |
| TITLE VD 21 TITLE V/D Change | Addition |
| NAME SWARTZ, GEORGE 22 NAME HORN, SUSANI STREET ADDRESS 323 WOODS AVF 23 STREET ADDRESS 93.1 51.51. GULT | |
| STREET ADDRESS 323 WOODS AVE 23 STREET ADDRESS 41 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 | |
| CITY: ST-ZIP TAVERNIER FL 2 4 CITY: ST-ZIP MARA I NOW, NO SO SO | Addition |
| TAVERNIER FL 11 TO 12 ACITY-ST-ZIP TO SWARTZ, MURIEL STREET ADDRESS 323 WOODS AVE 24 CITY-ST-ZIP MARATHACH, FL. 3500 5 C TOTAINGE 32 NAME 32 NAME 33 STREET ADDRESS 10 FLRST TER. | _ Machini |
| STREET ADDRESS 323 WOODS AVE 33 STREET ADDRESS NO FIRST TER. | |
| CITY-ST-ZIP TAVERNIER FL 34.CITY-ST-ZIP KEILARCYO, FL. 53057 | |
| TITLE DS GUELETE 41TITLE Change | Addition |
| NAME BOXER, SHIRLEY 4.2 NAME | |
| STREET ADDRESS 801 SOUTH JADE 4.3 STREET ADDRESS | |
| CITY-ST-ZIP KEY LARGO FL 4.4 CITY-ST-ZIP | |
| TITLE SD DELETE 5.1 TITLE Change | Addition |
| NAME INCOCIATI, ESTELLE 5.2 NAME | |
| STREET ADDRESS 927 TROPICAL LANE 5 3 STREET ADDRESS | |
| CITY-ST-ZIP KEY LARGO FL 54 CITY-ST-ZIP | [] Addition |
| TITLE SD DELETE 61 TITLE Change | Addition A |
| NAME GORDON, SUSAN 62 NAME | |
| STREET ADDRESS 1 HARBOR SHORE RD 63 STREET ADDRESS 64 CAN ST 78 | |
| CITY-ST-ZIP KEY LARGO FL 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 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)(k), Florida Statutes | |
| 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 n 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 appears in Block 12 or Block 13 if chapted, or on an attachment with an address. | I further |

A MARA / DRIVE (Cs. 2)
GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR