

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 757064 (1)**

1. Corporation Name

**KEYS JEWISH COMMUNITY CENTER, INC.**



Principal Place of Business

Mailing Address

93500 OVERSEAS HWY.  
TAVERNIER FL 33070-2815

P.O. BOX 1332  
TAVERNIER FL 33070-2815

3. Date Incorporated or Qualified  
**03/16/1981**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRAHAM, BEA  
59 BIRD LANE  
KEY LARGO FL 33037**

81

Name

**GEORGE SWARTZ**

82

Street Address (P.O. Box Number is Not Acceptable)

**323 WOODS AVE**

83

84

City

**TAVERNIER**

**FL**

85

Zip Code

**33070**

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 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 617.0503, Florida Statutes.

SIGNATURE

*George Swartz*

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**Feb 27, 96**  
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GRAHAM, BEA	
STREET ADDRESS	59 BIRDLANE	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SWARTZ, GEORGE	
STREET ADDRESS	323 WOODS AVE	
CITY-ST-ZIP	TAVERNIER FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SWARTZ, MURIEL	
STREET ADDRESS	323 WOODS AVE	
CITY-ST-ZIP	TAVERNIER FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	BOXER, SHIRLEY	
STREET ADDRESS	801 SOUTH JADE	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	INCOCIATI, ESTELLE	
STREET ADDRESS	927 TROPICAL LANE	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GORDON, SUSAN	
STREET ADDRESS	1 HARBOR SHORE RD	
CITY-ST-ZIP	KEY LARGO FL	

13.

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SWARTZ, GEORGE	
1.3 STREET ADDRESS	323 WOODS AVE	
1.4 CITY-ST-ZIP	TAVERNIER, FL 33070	
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HORN, SUSAN	
2.3 STREET ADDRESS	921 51 ST. GULF	
2.4 CITY-ST-ZIP	MIRAMON, FL 33050	
3.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BERNSTEIN, BARBARA	
3.3 STREET ADDRESS	110 FIRST TER.	
3.4 CITY-ST-ZIP	KEY LARGO, FL 33037	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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. 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:

*Barbara Bernstein*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/23/96**

Date

**(305) 852-2987**

Daytime Phone #

CR2E037 (12/95)