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Apr 30 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

83500 OVERSEAS HWY.  
TAVERNIER FL 33070-2815

Mailing Address

P.O. BOX 1332  
TAVERNIER FL 33070-1332



3. Date Incorporated or Qualified  
03/16/1981

3a. Date of Last Report  
03/11/1996

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWARTZ, GEORGE  
323 WOODS AVENUE  
TAVERNIER FL 33070

81 Name

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

83

84 City

FL

85 Zip Code

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

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  
NAME SWARTZ, GEORGE  
STREET ADDRESS 323 WOOD AVENUE  
CITY-ST-ZIP TAVERNIER FL

☐ DELETE

TITLE VD  
NAME HORN, SUSAN  
STREET ADDRESS 921 51 STREET GULF  
CITY-ST-ZIP MARATHON FL

☐ DELETE

TITLE TD  
NAME BERSTEIN, BARBARA  
STREET ADDRESS 110 FIRST TERARCE  
CITY-ST-ZIP KEY KARGO FL

☒ DELETE

TITLE DS  
NAME BOXER, SHIRLEY  
STREET ADDRESS 801 SOUTH JADE  
CITY-ST-ZIP KEY LARGO FL

☐ DELETE

TITLE SD  
NAME INCOCIATI, ESTELLE  
STREET ADDRESS 927 TROPICAL LANE  
CITY-ST-ZIP KEY LARGO FL

☐ DELETE

TITLE SD  
NAME GORDON, SUSAN  
STREET ADDRESS 1 HARBOR SHORE RD  
CITY-ST-ZIP KEY LARGO FL

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☒ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*George Swartz*

Date

Day/night phone # 0025966

CR2E037 (9/96)