2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006
Secretary of State

DOCUMENT# 757064

Entity Name: KEYS JEWISH COMMUNITY CENTER, INC.

Current Principal Place of Business:

93500 OVERSEAS HWY.
TAVERNIER, FL 330702815

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1332
TAVERNIER, FL 330702815

New Mailing Address:

FEI Number: 59-2427941 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHOCKET, JEFFREY
208 BUTTONWOOD LANE
ISLAMORADA, FL 33036 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: GRAHAM, MARTIN
Address: 609 N JADE DRIVE
City-St-Zip: KEY LARGO, FL 33037

Title: P ( ) Delete
Name: SCHOCKET, JEFFREY
Address: 208 BUTTONWOOD LANE
City-St-Zip: ISLAMORADA, FL 33036

Title: T ( ) Delete
Name: POLLACK, LINDA
Address: 107 LONG BEN DRIVE
City-St-Zip: KEY KARGO, FL 33037

Title: D ( ) Delete
Name: KLUGER, KURT
Address: 163 INDIAN MOUND TRAIL
City-St-Zip: TAVERNIER, FL 33070

Title: VD ( ) Delete
Name: BETH, ALAN
Address: 33 N. BLACKWATER LANE
City-St-Zip: KEY LARGO, FL 33037

Title: D ( ) Delete
Name: RAKOV, NEIL
Address: 177 INDIAN MOUND TRAIL
City-St-Zip: TAVERNIER, FL 33070

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: GRAHAM, MARTIN
Address: 609 N JADE DRIVE
City-St-Zip: KEY LARGO, FL 33037

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LINDA POLLACK T 03/30/2006

Electronic Signature of Signing Officer or Director — Date