

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 06, 2008 08:00 AM
Secretary of State**

DOCUMENT # N02000005381

1. Entity Name
UNITED JEWISH COMMUNITIES-KEY WEST, INC.



Principal Place of Business
**181 KEY HAVEN DRIVE
KEY WEST, FL 33040**

Mailing Address
**181 KEY HAVEN DRIVE
KEY WEST, FL 33040**



01302008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0095079

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KREINCES, JOHN
181 KEY HAVEN DRIVE
KEY WEST, FL 33040**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

John Kreinces - pres.

2-3-08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES
KREINCES, JOHN G PRES
181 KEY HAVEN DRIVE
KEY WEST, FL 33040**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
KLITENICK, RICHARD M V PRES
1009 SIMONTON ST
KEY WEST, FL 33040**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREA
SACHS, ALBERT TREAS
269 GOLF CLUB DRIVE
KEY WEST, FL 33040**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIR
GRANT-MARGIL, KAREN DIR
POB 5885
KEY WEST, FL 33040**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000818038
02/15/08-80028-002 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John Kreinces
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-08 305-294-9626
Date Daytime Phone #