

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21975

FILED
Jan 22, 2008
Secretary of State

Entity Name: CONGREGATION B'NAI ZION OF KEY WEST, FLORIDA, INC.

Current Principal Place of Business:

750 UNITED STREET
KEY WEST, FL 330403251 US

New Principal Place of Business:

Current Mailing Address:

750 UNITED STREET
KEY WEST, FL 330403251 US

New Mailing Address:

FEI Number: 59-2832116

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COVAN, DIANE T
1901 FOGARTY AVENUE
SUITE 1
KEY WEST, FL 33040 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: STERN, SI
Address: PO BOX 420221
City-St-Zip: SUMMERLAND KEY, FL 33042

Title: T () Delete
Name: KAWALER, EILEEN
Address: 1901 S. ROOSEVELT BLVD. #308E
City-St-Zip: KEY WEST, FL 33040

Title: P () Delete
Name: COVAN, FREDERICK L
Address: 1901 FOGARTY AVE. #2
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: KREINCES, JOHN
Address: 181 KEY HAVEN RD
City-St-Zip: KEY HAVEN, FL 33040

Title: D () Delete
Name: YOUNG, ELIZABETH
Address: 611 FRANCES STREET
City-St-Zip: KEY WEST, FL 33040

Title: S () Delete
Name: MCMAHAN, MAE
Address: 2601 S. ROOSEVELT BLVD. #306C
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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
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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 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: FREDERICK L. COVAN

P

01/22/2008

Electronic Signature of Signing Officer or Director

Date