

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000021

FILED
Sep 17, 2009
Secretary of State

Entity Name: CHABAD OF KEY WEST, INC.

Current Principal Place of Business:

321 GRINNELL STREET
KEY WEST, FL 33040 US

New Principal Place of Business:

906 TRINITY DRIVE
KEY WEST, FL 33040 US

Current Mailing Address:

321 GRINNELL STREET
KEY WEST, FL 33040 US

New Mailing Address:

FEI Number: 65-0635011 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ZUCKER, JACOB
321 GRINNELL ST
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: PD () Delete
Name: ZUCKER, JACOB
Address: 321 GRINNELL STREET
City-St-Zip: KEY WEST, FL 33040 US

Title: D () Delete
Name: BISTON, JOSEPH
Address: 1500 N STATE ROAD #7
City-St-Zip: MARGATE, FL 33063

Title: VPD () Delete
Name: ZUCKER, CHANA
Address: 321 GRINNELL ST
City-St-Zip: KEY WEST, FL 33040

Title: TD () Delete
Name: SUSSKIND, GARY M
Address: 459 EMPIRE BLVD
City-St-Zip: BROOKLYN, NY 11225 US

Title: SD () Delete
Name: SEGAL, LEVI
Address: 321 GRINNELL STREET
City-St-Zip: KEY WEST, FL 33040 US

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
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: JACOB ZUCKER

PD

09/17/2009

Electronic Signature of Signing Officer or Director

_____ Date