#### 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 757064** 

Entity Name: KEYS JEWISH COMMUNITY CENTER, INC.

**FILED** Apr 02, 2016 **Secretary of State** CC7180192705

## **Current Principal Place of Business:**

93095 OVERSEAS HWY. TAVERNIER, FL 33070-2815

# **Current Mailing Address:**

P.O. BOX 1332

**TAVERNIER. FL 33070-2815** 

FEI Number: 59-2427941 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

POLLACK, LINDA 107 LONG BEN DRIVE KEY LARGO, FL 33037 US

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

#### Officer/Director Detail:

Title	PRESIDENT	Title	ASST. TREASURER
Name	VINICUR, SAMUEL E	Name	HARVEY, MITCHELL
Address	165 MOHAWK ST	Address	314 LOEB AVE
Citv-State-Zip:	TAVERNIER FL 33070	City-State-Zip:	KEY LARGO FL 33037

City-State-Zip: TAVERNIER FL 33070

Title S Title Т

Name PECKMAN, JOYCE POLLACK, LINDA Name Address 235 LEE AVENUE Address 107 LONG BEN DRIVE KEY LARGO FL 33037 City-State-Zip: KEY LARGO FL 33037 City-State-Zip:

Title VΡ Title **DIRECTOR** 

Name HARTZ, STEVE LINDA. KAPLAN Name

Address 113 LONG BEN DRIVE 750 MADRID ROAD Address City-State-Zip: KEY LARGO FL 33037 City-State-Zip: KEY LARGO FL 33037

I hereby 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 all other like empowered.

04/02/2016 SIGNATURE: LINDA POLLACK **TREASURER**