

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


APPROVED  
05-03-2005 AM 10:09 \*\*\*\*\*61.25  
N00000003507

05 JUL 26 AM 10:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**K. Eckel JUL 26 2005**

DOCUMENT # N00000003507  
1. Entity Name  
KEYSTONE JEWISH CENTER, INC.



Principal Place of Business 1830 KEYSTONE BLVD NORTH MIAMI, FL 33181	Mailing Address 1830 KEYSTONE BLVD NORTH MIAMI, FL 33181
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**DO NOT WRITE IN THIS SPACE**



04282005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1013786	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
GREEN, DANIEL J RABBI  
1830 KEYSTONE BLVD  
NORTH MIAMI, FL 33181

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) \_\_\_\_\_ DATE \_\_\_\_\_

Filing Fee is \$61.25  
Due by May 1, 2005

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	DP GREEN, DANIEL J 1830 KEYSTONE BLVD NORTH MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, SHULAMITH 1830 KEYSTONE BLVD NORTH MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, MENACHEM M 1830 KEYSTONE BLVD NORTH MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Shulamith Green*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05 305 981-4055  
Date Daytime Phone #