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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **769404** (5)
1. Corporation Name
KISSIMMEE JEWISH COMMUNITY, INC.



Principal Place of Business CONGREGATION SHALOM ALEICHEM P O BOX 424211 KISSIMMEE FL 34742-4211 US	Mailing Address CONGREGATION SHALOM ALEICHEM P O BOX 424211 KISSIMMEE FL 34742-4211 US
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3. Date Incorporated or Qualified 07/15/1983	4. FEI Number 59-2418727	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent ROTHFELD, CINDY ESQ. 14537 OCOONEE LANE ORLANDO FL 32837	10. Name and Address of New Registered Agent 81 Name CAROL S. LOWENSTEIN 82 Street Address (P.O. Box Number is Not Acceptable) 2319 KELLIE ANN COURT 83 KISSIMMEE, 84 City FL 85 Zip Code 34741
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE *Carol S. Lowenstein* DATE **3/18/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	NAME WOLFE, PAT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1088 SALSONA AVE. KISSIMMEE FL	<input type="checkbox"/> DELETE	1.2 NAME	
CITY-ST-ZIP		1.3 STREET ADDRESS	
TITLE P	NAME ROTHFELD, ROBERT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 14537 OCOONEE LANE ORLANDO FL 32837	<input checked="" type="checkbox"/> DELETE	2.2 NAME	
CITY-ST-ZIP		2.3 STREET ADDRESS	
TITLE President	NAME LOWENSTEIN, CAROL S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2319 KELLIE ANN COURT KISSIMMEE FL	<input type="checkbox"/> DELETE	3.2 NAME	
CITY-ST-ZIP		3.3 STREET ADDRESS	
TITLE VP	NAME SEITZ, ED	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 651 MC KINLEY COURT KISSIMMEE FL 34758	<input type="checkbox"/> DELETE	4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS 651 MC KINLEY COURT KISSIMMEE, FLA 34758	
TITLE VP	NAME WHITLOW, MAE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 14525 OCOONEE LANE ORLANDO FL 32837	<input checked="" type="checkbox"/> DELETE	5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carol S. Lowenstein* DATE **3/18/98**

CR2E037 (10/97)