

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769404 (5)

1. Corporation Name

KISSIMMEE JEWISH COMMUNITY, INC.

APPROVED
AND
FILED

95 MAY -1 PM 4:30

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

CONGREGATION SHALOM ALEICHEM
P O BOX 424211
KISSIMMEE FL 34742-4211
US

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P O BOX 424211
KISSIMMEE FL 34742-4211
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1983

3a. Date of Last Report

04/11/1994

4. FEI Number

59-2418727

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEINBERGER, JULIE, ESQUIRE
1005 EDMETT ST
KISSIMMEE FL 34741

81 Name CINDY ROTHFELD, ESQ.

82 Street Address (P.O. Box Number is Not Acceptable)

14537 O'CONNOR LANE

83

84 City ORLANDO

FL

85 Zip Code 32837

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Cindy Rothfeld
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

5/8/95
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD
NAME WOLFE, PAT
STREET ADDRESS 1068 SALSONA AVE.
CITY - ST - ZIP KISSIMMEE FL

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS 500001491935
14 CITY - ST - ZIP -05/17/95--01146--024
*****51.25 *****51.25
☐ Change ☐ Addition

TITLE PD
NAME LANGER, HENRY L.
STREET ADDRESS 2416 RAVENDALE COURT
CITY - ST - ZIP KISSIMMEE FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE T
NAME LOWENSTEIN, CAROL S
STREET ADDRESS 2319 KELLIE ANN COURT
CITY - ST - ZIP KISSIMMEE FL

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE VD
NAME GREENIS, EDWARD L.
STREET ADDRESS 148 SHADORAGON CT.
CITY - ST - ZIP KISSIMMEE FL

41 TITLE ☐ Change ☐ Addition
42 NAME ED SEITZ
43 STREET ADDRESS 651 MC KINLEY CT.
44 CITY - ST - ZIP KISSIMMEE, FL 34758

TITLE VD
NAME FUERST, PHIL
STREET ADDRESS 1743 MOSS COURT
CITY - ST - ZIP KISSIMMEE FL

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 CAROL S. LOWENSTEIN 4/20/95 407-8466302

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number

0000071