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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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



3. Date Incorporated or Qualified

07/15/1983

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROTHFELD, CINDY ESQ.
14537 OCONEE LANE
ORLANDO FL 32837

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

TITLE
NAME VD SEITZ, ED
STREET ADDRESS 651 MC KINLEY COURT
CITY - ST - ZIP KISSIMMEE FL 34758

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)