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Apr 16 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 769404 (5)

1. Corporation Name

KISSIMMEE JEWISH COMMUNITY, INC.

Principal Place of Business

Mailing Address

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

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
04/11/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-2418727

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☒

\$5.00 May Be
Added to Fees

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

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
SD	WOLFE, PAT	1068 SALSONA AVE.	KISSIMMEE FL	<input type="checkbox"/>
PD	LANGER, HENRY L.	2416 RAVENDALE COURT	KISSIMMEE FL	<input checked="" type="checkbox"/>
T	LOWENSTEIN, CAROL S	2319 KELLIE ANN COURT	KISSIMMEE FL	<input type="checkbox"/>
VD	SEITZ, ED	651 MC KINLEY COURT	KISSIMMEE FL 34758	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	1.5 DELETE	1.6 CHANGE	1.7 ADDITION
PRESIDENT	ROBERT ROTHFELD	14537 OCONEE LANE	ORLANDO, FL 32837	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
VICE President	MAE WHITHOW	14525 OCONEE LANE	ORLANDO, FL 32837	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/97
Date

407-846-6302 MAM.
407-847-4791 W
Daytime Phone

0089905

CR2E037 (9/96)