

FILE NOW: FILING FEE IS \$61.25

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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

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



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified

07/15/1983

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROTHFELD, CINDY ESQ.
14537 OCOREE LANE
ORLANDO FL 32837

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**

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

3/18/98

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	SD	<input type="checkbox"/> DELETE
NAME	WOLFE, PAT	
STREET ADDRESS	1088 SALSONA AVE.	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ROTHFELD, ROBERT	
STREET ADDRESS	14537 OCOREE LANE	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	LOWENSTEIN, CAROL S	
STREET ADDRESS	2319 KELLIE ANN COURT	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SEITZ, ED	
STREET ADDRESS	651 MC KINLEY COURT	
CITY-ST-ZIP	KISSIMMEE FL 34758	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	WHITLOW, MAE	
STREET ADDRESS	14525 OCOREE LANE	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	President
4.3 STREET ADDRESS	ED, SEITZ
4.4 CITY-ST-ZIP	651 MC KINLEY COURT
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	KISSIMMEE, FLA 34758
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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*

3/18/98

CR2E037 (10/97)