05-16-2001 90201 006 \*\*\*\*61.25

**DOCUMENT # 769404** 1. Entity Name

KISSIMMEE JEWISH COMMUNITY, INC. .

Principal Place of Business

Mailing Address

CONGREGATION SHALOM ALEICHEM

P O BOX 424211

CONGREGATION SHALOM ALEICHEM

P O BOX 424211

Suite, Apt. #, etc.  City & State  City & State  City & State  4. FEI Number 59-2418727   Not Applicable Toward Application   Not Applicable   N	2. Principal F	L 34742-4211	KISSIMMEE FL 34742-4211 US		 			<b>31</b> 1	
City & State  Country  So	2. Principal Place of Business		3. Mailing Address			}			
Zip Country Zip Country 59-2418/27   Not Applicable Status Desired   \$8.75 Additional Fee Required Fee Requir	Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS S	PACE		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name  LOWENSTEIN, CAROL S. 2319 KELLIE ANN COURT KISSIMMEE FL 34741  City  FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.  SIGNATURE  Signature Agent synature required when relativing part and of Registered agent agent are title 4 applicable.  (NOTE: Registered Agent synature required when relativing)  DATE  FILE NOW: FEE IS \$61.25  File NOW: FEE IS \$61.25  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  WOUTE, PAT NAME WOUTE, PAT 1088 SALSONA AVE. KISSIMMEE FL 1089 UNIVERSITIES TO Belde NAME SIREET ADDRESS CITY-ST-2P  ITILE 109	City & State		City & State		4. FEI Number 59-2418727		<del></del>	<del></del>	
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LOWENSTEIN, CAROL S. 2319 KELLIE ANN COURT KISSIMMEE FL 34741  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Fiorida.  SIGNATURE  FILE NOW: FEE IS \$61.25  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.		6. Name and Address of Curren	t Registered Agent		7. Name and Add	ress of New Registered A	gent		
2319 KELLIE ANN COURT KISSIMMEE FL 34741  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.  SIGNATURE  FILE NOW: FEE IS \$61.25  P. Election Campaign Financing Trust Fund Contribution.				Name	Name				
2319 KELLIE ANN COURT KISSIMMEE FL 34741  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing lits registered office or registered agent, or both, in the state of Florida.  SIGNATURE  FILE NOW: FILE NOW: FEE IS \$61.25  P. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees   Make Check Payable to Department of State  10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  ITILE   D	A DUMENTAL DAME OF			Street Address	Street Address (P.O. Box Number in Not Acceptable)				
KISSIMMEE FL 34741  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.  SIGNATURE    Signature   Sign					Street Address (1.0. Box retributer is real Acceptable)				
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.  SIGNATURE  Signature. Acid or printed name of registered agent and other is applicable.  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing FILE NOW: FEE IS \$61.25  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  WOLFE, PAT 1068 SALSONA AVE. KISSIMMEE FL  107. ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  LOWENSTEIN, CAROL S 2319 KELLIE ANN COURT KISSIMMEE FL  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Addition FILE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  CHANGE SIREET ADDRESS CITY-ST-ZIP  TITLE SIREET ADDRESS CITY-ST-ZIP  CITY-S								1	
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SIGNATURE    Signature Appel or printed name of registered agent and table if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE							<u> </u>		
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

**SIGNATURE:** 

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

Change

Addition