

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90014 014 \*\*\*\*61.25

**DOCUMENT # 769404**

1. Entity 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 422275  
KISSIMMEE FL 34742-2275  
US

2. Principal Place of Business

3501 OAK POINT BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

KISSIMMEE, FLA.

City & State

City & State

Zip

34746

Country

USA

Zip

Country

4. FEI Number

59-2418727

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LOWENSTEIN, CAROL S.  
2319 KELLIE ANN COURT  
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

TITLE PD  
NAME TEMPKIN, DAN ☒ Delete  
STREET ADDRESS 345 CORNWALLS COURT  
CITY-ST-ZIP POINT IANA FL 34758

TITLE P  
NAME SIEGEL, HERBERT ☐ Delete  
STREET ADDRESS 1800 KING JAMES RD  
CITY-ST-ZIP KISSIMMEE FL 34741

TITLE V  
NAME ARKIN, STEVE ☒ Delete  
STREET ADDRESS 240 ANASTASIA DR.  
CITY-ST-ZIP KISSIMMEE FL 34759

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME V P ALAN ADELMAN  
STREET ADDRESS 1921 MANATEE WAY  
CITY-ST-ZIP KISSIMMEE, FLA. 34759

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.

**SIGNATURE:** Carol S. Lowenstein, Rep. for KJC, Cong Shalom Aleichem  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 3/6/04  
Daytime Phone # 407 846-6302