

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90041 036 \*\*\*\*61.25

**DOCUMENT # 769404**

1. Entity Name

KISSIMMEE JEWISH COMMUNITY, INC.



Principal Place of Business

3501 OAKPOINT BLVD.  
KISSIMMEE FL 34746  
US

Mailing Address

CONGREGATION SHALOM ALEICHEM  
P.O. BOX 422275  
KISSIMMEE FL 34742-2275  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2418727

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)

--6-- Name and Address of Current Registered Agent --

--7-- Name and Address of New Registered Agent --

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

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, 2007**

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	S	<input type="checkbox"/> Delete
NAME	WOLFE, PAT	
STREET ADDRESS	1068 SALSONA AVE.	
CITY-STATE-ZIP	KISSIMMEE FL 34744	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LOWENSTEIN, CAROL S	
STREET ADDRESS	2319 KELLIE ANN COURT	
CITY-STATE-ZIP	KISSIMMEE FL 34741	
TITLE	P	<input type="checkbox"/> Delete
NAME	SIEGEL, HERBERT	
STREET ADDRESS	1800 KING JAMES RD	
CITY-STATE-ZIP	KISSIMMEE FL 34741	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ADELMAN, ALAN	
STREET ADDRESS	1921 MANATEE WAY	
CITY-STATE-ZIP	KISSIMMEE FL 34759	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALINKY, NORMAN	
STREET ADDRESS	307 BELL TOWER CROSSING W	
CITY-STATE-ZIP	KISSIMMEE FL 34759	
TITLE	D	<input type="checkbox"/> Delete
NAME	KASKEL, HOWARD	
STREET ADDRESS	281 ACADIA DR	
CITY-STATE-ZIP	POINCIANA FL 34759	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUDY KASKEL	
STREET ADDRESS	281 ACADIA DR.	
CITY-STATE-ZIP	POINCIANA, FL 34759	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 KJC, Inc, Treasurer.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #