

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 769404

**FILED**  
**Jan 31, 2023**  
**Secretary of State**  
**1861967137CC**

**Entity Name:** KISSIMMEE JEWISH COMMUNITY, INC.

**Current Principal Place of Business:**

3501 OAKPOINTE BLVD.  
KISSIMMEE, FL 34746

**Current Mailing Address:**

CONGREGATION SHALOM ALEICHEM  
P.O. BOX 581367  
KISSIMMEE, FL 34758 US

**FEI Number:** 59-2418727

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GUTWORTH, FRANK L  
766 SHADY CANYON WAY  
POINCIANA, FL 34759 US

*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:** FRANK L GUTWORTH

01/31/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECOND VICE PRESIDENT  
Name GOODMAN, DOUGLAS  
Address 501 GLADE COURT  
City-State-Zip: KISSIMMEE FL 34758

Title TREASURER  
Name GUTWORTH, FRANK L  
Address 766 SHADY CANYON WAY  
City-State-Zip: POINCIANA FL 34759

Title FIRST VICE PRESIDENT  
Name SIMONSON, PETER  
Address 801 NORTH LAVON AVENUE  
City-State-Zip: KISSIMMEE FL 34741

Title PRESIDENT  
Name GLASER, MARILYN  
Address 660 TAPATIO LANE  
City-State-Zip: POINCIANA FL 34759

Title DIRECTOR  
Name USLAN, MARILYN  
Address 328 NEW RIVER DRIVE  
City-State-Zip: POINCIANA FL 34759

Title DIRECTOR  
Name SHAPIRO, LAURENCE  
Address CONGREGATION SHALOM ALEICHEM  
P.O. BOX 581367  
City-State-Zip: KISSIMMEE FL 34758

Title DIRECTOR  
Name SCHOENBERG, BETTY  
Address CONGREGATION SHALOM ALEICHEM  
P.O. BOX 581367  
City-State-Zip: KISSIMMEE FL 34758

Title SECRETARY  
Name PEARCE, LORIE  
Address P.O. BOX 581367.  
City-State-Zip: KISSIMMEE FL 34758

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** FRANK L GUTWORTH

**TREASURER**

01/31/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            PLASS, RICHARD DR.  
Address        P.O. BOX 581367  
City-State-Zip: KISSIMMEE FL 34758