

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 769404

**FILED**  
**Mar 31, 2016**  
**Secretary of State**  
**CC0341352911**

**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 422275  
KISSIMMEE, FL 34743-2275 US

**FEI Number:** 59-2418727

**Certificate of Status Desired:** No

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

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

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title FIRST VICE PRESIDENT, VP  
Name GLASER, MARILYN  
Address 963 GELNDORA RD SO  
City-State-Zip: KISSIMMEE FL 34759

Title TREASURER  
Name LOWENSTEIN, CAROL S  
Address 2319 KELLIE ANN COURT  
City-State-Zip: KISSIMMEE FL 34741

Title SECOND VICE PRESIDENT  
Name GOODMAN, DOUGLAS  
Address 501 GLADES CT.  
City-State-Zip: KISSIMMEE FL 34758

Title PRESIDENT  
Name SALINSKY, NORMAN  
Address 307 BELL TOWER CROSSING W  
City-State-Zip: KISSIMMEE FL 34759

Title DIRECTOR  
Name LOTTO, JOAN  
Address 13050 BROAKFIELD CIR.  
City-State-Zip: ORLAND FL 32837

Title DIRECTOR  
Name PORT, ELLIOT DR.  
Address 129 LEMON GROVE DR.  
City-State-Zip: POINCIANA FL 34759

Title RECORDING SECRETARY  
Name WILLNER, ROCHELLE  
Address 855 GLENDORA RD.  
City-State-Zip: POINCIANA FL 34759

Title DIRECTOR  
Name SIMONSON, PETER  
Address 801 N LAVON AV.  
City-State-Zip: KISSIMMEE FL 34741

**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:** NORMAN SALINSKY

**PRESIDENT**

**03/31/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            KANE, DEBRA  
Address        550 SAN JOAQUIN ROAD  
City-State-Zip: POINCIANA FL 34759