

**2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 769404

**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	S	Title	TD
Name	GLASER, MARILYN	Name	LOWENSTEIN, CAROL S
Address	963 GELNDORA RD SO	Address	2319 KELLIE ANN COURT
City-State-Zip:	KISSIMMEE FL 34759	City-State-Zip:	KISSIMMEE FL 34741
Title	2VP	Title	P
Name	SIEGEL, HERBERT H	Name	ADELMAN, ALAN
Address	466 FOUNTAIN VALLEY LANE	Address	1921 MANATEE WAY
City-State-Zip:	KISSIMMEE FL 34759	City-State-Zip:	KISSIMMEE FL 34759
Title	1VP	Title	DR
Name	SALINSKY, NORMAN	Name	EINGOLD, BERNARD
Address	307 BELL TOWER CROSSING W	Address	831 BELLA VIANA RD
City-State-Zip:	KISSIMMEE FL 34759	City-State-Zip:	KISSIMMEE FL 34759

*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:** CAROL S LOWENSTEIN

**TREASURER**

**03/17/2013**

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

\_\_\_\_\_  
Date