

**2014 FLORIDA NOT FOR PROFIT CORPORATION 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 SECOND VICE PRESIDENT  
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 FIRST VICE PRESIDENT  
Name SIEGEL, HERBERT H  
Address 466 FOUNTAIN VALLEY LANE  
City-State-Zip: KISSIMMEE FL 34759

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

Title DIRECTOR  
Name EINGOLD, BERNARD  
Address 831 BELLA VIANA RD  
City-State-Zip: KISSIMMEE FL 34759

Title DIRECTOR  
Name PORT, ELLIOT DR.  
Address 129 LEMON GROVE DR.  
City-State-Zip: POINCIANA 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 LOWENSTEIN**TREASURER****01/11/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date