

2013 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	S
Name	GLASER, MARILYN
Address	963 GELNDORA RD SO
City-State-Zip:	KISSIMMEE FL 34759

Title	2VP
Name	KASKEL, JUDY
Address	281 ARCADIA DR.
City-State-Zip:	POINCIANA FL 34759

Title	1VP
Name	SALINSKY, NORMAN
Address	307 BELL TOWER CROSSING W
City-State-Zip:	KISSIMMEE FL 34759

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

Title	P
Name	ADELMAN, ALAN
Address	1921 MANATEE WAY
City-State-Zip:	KISSIMMEE FL 34759

Title	DR
Name	EINGOLD, BERNARD
Address	831 BELLA VIANA RD
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 S LOWENSTEIN**TREASURER****03/16/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date