

2016 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 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

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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