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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749351

1. Corporation Name

**HOLOCAUST DOCUMENTATION AND EDUCATION CENTER, IN
C.**

Principal Place of Business

**F I U BAY VISTA
3000 N.E. 145 ST
N MIAMI FL 33181**

Mailing Address

**F I U BAY VISTA
3000 N.E. 145 ST
N MIAMI FL 33181**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

10/16/1979

4. FEI Number

59-1992826

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

9. Name and Address of Current Registered Agent

**GOLDSTEIN, GOLDIE R
HOLOCAUST DOC. & ED. CENTER, INC.
NORTH MIAMI CAMPUS
NORTH MIAMI FL 33181**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VPD** ☐ DELETE
NAME **HOFRICHTER, RITA**
STREET ADDRESS **251-174TH ST., #1819**
CITY-ST-ZIP **N. MIAMI BEACH FL**

TITLE **VD** ☐ DELETE
NAME **GOLDSTEIN, GOLDIE R**
STREET ADDRESS **11470 VICTORIA CIR.**
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE **EVPO** ☐ DELETE
NAME **KENIGSBERG, ROSITA**
STREET ADDRESS **520 HOLIDAY DRIVEA**
CITY-ST-ZIP **HALLANDALE FL**

TITLE **PD** ☐ DELETE
NAME **LEVY, HARRY A.**
STREET ADDRESS **1340 BISCAYA DRIVE**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **SD** ☐ DELETE
NAME **POTASH, MARILYN**
STREET ADDRESS **1890 N.E. 197 TERRACE**
CITY-ST-ZIP **N. MIAMI BEACH FL**

TITLE **TD** ☐ DELETE
NAME **ZIFFER, SYLVIA**
STREET ADDRESS **2365 N.E. 199 ST.**
CITY-ST-ZIP **N. MIAMI BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rosita Kenigsberg* SIGNATURE REQUIRED *scvp* 3/2/99 305-919-880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)