2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 749351

1. Entity Name

HOLOCAUST DOCUMENTATION AND EDUCATION CENTER, INC.

Principal Place of Business	Mailing Address
13899 BISCAYNE BLVD #404 NORTH MIAMI BEACH FL 33181 US	13899 BISCAYNE BLVD #404 NORTH MIAMI BEACH FL 33181 US

1st MOORE CR2E037 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1992826 ☐ Applied For ☐ Not Applica

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOLDSTEIN, GOLDIE R HOLOCAUST DOC. & ED. CENTER, INC. 13899 BISCAYNE BLVD NORTH MIAMI BEACH FL 33181	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and acc... the obligations of registered agent.

U00000465174
03/22/06-80024 025 61.25

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HOFRICHTER, RITA 251-174TH ST., #1819 N. MIAMI BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ A...
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GOLDSTEIN, GOLDIE R 11470 VICTORIA CIR. BOYNTON BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ A...
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVPD KENIGSBERG, ROSITA 520 HOLIDAY DRIVEA HALLANDALE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ A...
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LEVY, HARRY A 16445 COLLINS AVE #1 B SUNNY ISLES FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ A...
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SYLIVA, ZIFFER 2365 NE 199TH ST. MIAMI FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ A...
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MATLUCK, KAREN 20155 N.E. 38TH COURT #1801 AVENTURA FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ A...

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the inform... indicated on this report or supplemental 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 dir... 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 10 or Blo... if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] BENITA E. NEWSOMES 3/7/06