


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90028 014 ****61.25

DOCUMENT # N0100000676 1. Entity Name SOUTHWEST FLORIDA HOLOCAUST MUSEUM INC.	
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Principal Place of Business 4760 TAMiami TRAIL STE 7 NAPLES, FL 34103	Mailing Address 4760 TAMiami TRAIL NO. STE 7 NAPLES, FL 34103
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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40004221



01122005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3740883	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FELDMAN, MICHAEL A 8889 PELICAN BAY BLVD., SUITE 500 NAPLES, FL 34108-7512	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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 accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GODFREY, LEVY <input type="checkbox"/> Delete 1919 4TH ST SO. NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHERMAN, CYNTHIA <input type="checkbox"/> Delete 3231 BAY COLONY DR #1503 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BIALCK, JOSHUA <input type="checkbox"/> Delete 5801 PELICAN BAY BLVD #300 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAURAY, CHARLES <input checked="" type="checkbox"/> Delete PO 97 ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNHAM, JOAN <input checked="" type="checkbox"/> Delete 25750 HICKORY BLVD., #562E NAPLES, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELDMAN, MICHAEL <input type="checkbox"/> Delete 3003 TAMiami TRAIL NORTH, #360 NAPLES, FL 34103

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER JACK NORTMAN <input type="checkbox"/> Change <input type="checkbox"/> Addition 4400 GULF SHORE BLVD NORTH NAPLES, FLA 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MURRAY HENDON <input type="checkbox"/> Change <input type="checkbox"/> Addition 4301 GULF SHORE BLVD NORTH NAPLES, FLA 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Jack Nortman, Treasurer** 1/12/05 847 501 5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #