

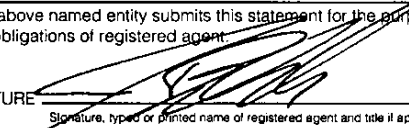
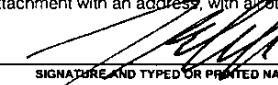


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90019 007 \*\*\*\*70.00

DOCUMENT # N01000000676					
1. Entity Name SOUTHWEST FLORIDA HOLOCAUST MUSEUM INC.					
Principal Place of Business 4760 TAMiami TRAIL <i>NORTH</i> STE 7 NAPLES, FL 34103			Mailing Address 4760 TAMiami TRAIL NO. STE 7 NAPLES, FL 34103		
2. Principal Place of Business		3. Mailing Address		 02102006 Chg-NP CR2E037 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3740883				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FELDMAN, MICHAEL A 8889 PELICAN BAY BLVD., SUITE 500 NAPLES, FL 34108-7512			Name <i>JOSHUA BIALEK</i> Street Address (P.O. Box Number is Not Acceptable) <i>5801 PELICAN BAY BLVD</i> <i>SUITE 300</i> City <i>NAPLES</i> FL Zip Code <i>34108</i>		
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 			DATE <i>2/10/06</i>		
Filing Fee is \$61.25 Due by May 1, 2006			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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<i>SD Vice President</i>	<input type="checkbox"/> Delete	TITLE	<i>Vice President</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GODFREY, LEVY		NAME	<i>Barbara Goldberg #1101</i>	
STREET ADDRESS	1919 4TH ST SO.		STREET ADDRESS	<i>3971 Gulf Shore BLVD. NORTH</i>	
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<i>Treasurer</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHERMAN, CYNTHIA		NAME	<i>Merrill Kuller</i>	
STREET ADDRESS	3231 BAY COLONY DR #1503		STREET ADDRESS	<i>245 Mooringline Drive</i>	
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP	<i>Naples, FL 34102</i>	
TITLE	<i>SD BIALEK</i>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>BIALEK, JOSHUA</del>		NAME		
STREET ADDRESS	5801 PELICAN BAY BLVD #300		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP		
TITLE	<i>Co-President</i>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORTMAN, JACK		NAME		
STREET ADDRESS	4400 GULF SHORE BLVD NORTH <i>unit 405</i>		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP		
TITLE	<i>Co-President</i>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDEL, MURRAY		NAME		
STREET ADDRESS	4301 GULF SHORE BLVD NORTH <i>#600</i>		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP		
TITLE	<i>D</i>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, MICHAEL		NAME		
STREET ADDRESS	3003 TAMiami TRAIL NORTH, #360		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			DATE <i>2/10/06</i> Daytime Phone # <i>239 5132100</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

ATTACHMENT

40017170  
#NOTS00000676



## Holocaust Museum of Southwest Florida

4760 Tamiami Trail North · Suite 7 · Naples, FL 34103

Phone 239.263.9200 · Fax 239.263.9500

www.hmswfl.org · swflholmus@earthlink.net

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Cynthia Sherman

#### Vice President, Administration

Godfrey Levy

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Barbara Goldberg

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Hadassah Schulman

Peter Thomas

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Dr. Allan Wolf

Philip R. Wood

#### Executive Director

Alice Edson Grady

February 21, 2006

Division of Corporations

P. O. Box 1500

Tallahassee, FL 32302-1500

Ladies & Gentlemen:

Enclosed please find our signed and dated 2006 Not-for-Profit Corporation Annual Report.

I have also enclosed a check for \$70.00 (\$61.25 for the filing fee and \$8.75 for a copy of the Certificate of Status.

Please be in touch with me should there be any questions or additional information required.

Sincerely yours,

Alice Edson Grady  
Executive Director

Enclosures:

- Annual Report
- Check for \$70.00

Dedicated to Promoting Tolerance