
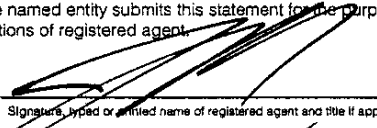
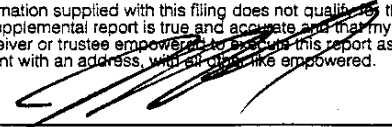


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90035 028 ****61.25

DOCUMENT # N01000000676					
1. Entity Name SOUTHWEST FLORIDA HOLOCAUST MUSEUM INC.					
Principal Place of Business 4760 TAMiami TRAIL NORTH STE 7 NAPLES, FL 34103			Mailing Address 4760 TAMiami TRAIL NO. STE 7 NAPLES, FL 34103		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3740883	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BIALIEK, JOSHUA 5801 PELICAN BAY BLVD STE 300 NAPLES, FL 34108			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 accept the obligations of registered agent.					
SIGNATURE 			DATE 2/5/07		
Filing Fee is \$61.25 Due by May 1, 2007			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 NAME STREET ADDRESS CITY-ST-ZIP	VP GODFREY, LEVY 1919 4TH ST SO. NAPLES, FL 34102	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Homen Heltter 1100 Ninth St. S, #C-102 Naples, FL 34102	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHERMAN, CYNTHIA 2201 BAY COLONY DR #1503 NAPLES, FL 34108	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Robert Cahners 2200 Sheepshead Drive Naples, FL 34102	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BIALEK, JOSHUA 5801 PELICAN BAY BLVD #300 NAPLES, FL 34108	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Merrill Kuller 245 Mooringline Drive Naples, FL 34102	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO P NORTMAN, JACK 4400 GULF SHORE BLVD N UNIT 405 NAPLES, FL 34103	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO P HENDEL, MURRAY 4301 GULF SHORE BLVD NORTH NAPLES, FL 34103	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 2/5/07		Daytime Phone # 239 593 2900

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01222007 Chg-NP CR2E037 (12/06)