

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000676

FILED  
Apr 30, 2010  
Secretary of State

Entity Name: SOUTHWEST FLORIDA HOLOCAUST MUSEUM INC.

**Current Principal Place of Business:**

4760 TAMIAMI TRAIL NORTH  
STE 7  
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

4760 TAMIAMI TRAIL NO.  
STE 7  
NAPLES, FL 34103

**New Mailing Address:**

4760 TAMIAMI TRAIL NORTH  
STE 7  
NAPLES, FL 34103

FEI Number: 59-3740883

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BIALEK, JOSHUA  
5801 PELICAN BAY BLVD STE 300  
NAPLES, FL 34108 US

**Name and Address of New Registered Agent:**

BIALEK, JOSHUA  
9132 STRADA PLACE  
3RD FLOOR  
NAPLES, FL 341082683 US

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.

SIGNATURE: \_\_\_\_\_

04/30/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: HIRSCHOVITS, FRED  
Address: 60 SEAGATE DRIVE, #1704  
City-St-Zip: NAPLES, FL 34103

Title: VP  
Name: BIALEK, JOSHUA M  
Address: 1817 SENEGAL DATE DRIVE  
City-St-Zip: NAPLES, FL 34119

Title: VP  
Name: YOVANOVICH, RICHARD D  
Address: 4001 TAMIAMI TRAIL NORTH, SUITE 300  
City-St-Zip: NAPLES, FL 34103

Title: TR  
Name: KAPLAN, RONALD E  
Address: 694 MOORING LINE DRIVE  
City-St-Zip: NAPLES, FL 34102

Title: SEC  
Name: LEVY, GODFREY  
Address: 1919 4TH STREET SOUTH  
City-St-Zip: NAPLES, FL 34102

Title: PPR  
Name: CAHNERS, ROBERT M  
Address: 2200 SHEEPSHEAD DR.  
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALEX D. VANCE

ED

04/30/2010

Electronic Signature of Signing Officer or Director

Date