

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000676

FILED  
Jun 06, 2012  
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 NORTH  
STE 7  
NAPLES, FL 34103

**New Mailing Address:**

FEI Number: 59-3740883      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

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

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

BIALEK, JOSHUA M  
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: JOSHUA M. BIALEK

06/06/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BIALEK, JOSHUA M  
Address: 4760 TAMIAMI TRAIL NORTH, SUITE 7  
City-St-Zip: NAPLES, FL 34103

Title: VP  
Name: BERKELEY, HERB  
Address: 4760 TAMIAMI TRAIL NORTH, SUITE 7  
City-St-Zip: NAPLES, FL 34108

Title: VP  
Name: DAURAY, CHARLES J  
Address: 4760 TAMIAMI TRAIL NORTH, SUITE 7  
City-St-Zip: NAPLES, FL 34103

Title: VP  
Name: NORTMAN, JACK  
Address: 4760 TAMIAMI TRAIL NORTH, SUITE 7  
City-St-Zip: NAPLES, FL 34103

Title: VP  
Name: YOVANOVICH, RICHARD D  
Address: 4760 TAMIAMI TRAIL NORTH, SUITE 7  
City-St-Zip: NAPLES, FL 34103

Title: S, T  
Name: KAPLAN, RONALD E  
Address: 4760 TAMIAMI TRAIL NORTH, SUITE 7  
City-St-Zip: NAPLES, FL 34103

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: JOSHUA M. BIALEK

PRES

06/06/2012

Electronic Signature of Signing Officer or Director

Date