# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 30, 2004 8:00 am**
**Secretary of State**
03-30-2004 90008 029 ****61.25

DOCUMENT # N32543

1. Entity Name
FLORIDA HOLOCAUST MUSEUM, INC.

94039622

| Principal Place of Business | Mailing Address |
|---|---|
| 55 5TH STREET SOUTH<br>SAINT PETERSBURG, FL 33701 | 55 5TH STREET SOUTH<br>SAINT PETERSBURG, FL 33701 |

01212004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
59-2981494
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SNYDER, D JAY
6529 CENTRAL AVENUE
SAINT PETERSBURG, FL 33710

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is $61.25**
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | DC |
| NAME | LOEBENBERG, WALTER |
| STREET ADDRESS | 6529 CENTRAL AVE |
| CITY-ST-ZIP | ST PETERSBURG, FL |
| TITLE | C |
| NAME | EPSTEIN, AMY |
| STREET ADDRESS | 55 5TH STREET SOUTH |
| CITY-ST-ZIP | SAINT PETERSBURG, FL 33701 |
| TITLE | PT |
| NAME | MARTIN, PAUL |
| STREET ADDRESS | 55 5TH STREET SOUTH |
| CITY-ST-ZIP | SAINT PETERSBURG, FL 33701 |
| TITLE | VD |
| NAME | LOFTUS, JOHN |
| STREET ADDRESS | 55 5TH STREET SOUTH |
| CITY-ST-ZIP | SAINT PETERSBURG, FL 33701 |
| TITLE | P |
| NAME | SIMON, GEOFFREY |
| STREET ADDRESS | 55 5TH STREET SOUTH |
| CITY-ST-ZIP | SAINT PETERSBURG, FL 33701 |
| TITLE | S |
| NAME | SCHICK, LISL |
| STREET ADDRESS | 55 5TH STREET SOUTH |
| CITY-ST-ZIP | SAINT PETERSBURG, FL 33701 |

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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:** Karen Gubrail 3-24-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #