

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32543

FILED
Feb 17, 2011
Secretary of State

Entity Name: FLORIDA HOLOCAUST MUSEUM, INC.

Current Principal Place of Business:

55 5TH STREET SOUTH
SAINT PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

55 5TH STREET SOUTH
SAINT PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 59-2981494

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BASS, CAROLYN
55 5TH STREET SOUTH
SAINT PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C
Name: BORELL, MARTIN
Address: 2913 1/2 WEST HAWTHORNE ROAD
City-St-Zip: TAMPA, FL 33611

Title: D
Name: EPSTEIN, AMY
Address: 55 5TH STREET SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: D
Name: LOEBENBERG, WALTER
Address: 7834 9TH AVENUE SOUTH
City-St-Zip: ST PETERSBURG, FL 33707

Title: S
Name: GOLDFEDER, LOUIS
Address: 919 MOORING CIRCLE
City-St-Zip: TAMPA, FL 33602

Title: T
Name: SAFT, AMANDA
Address: 3007 S. KEATS STREET
City-St-Zip: TAMPA, FL 33629

Title: D
Name: WEISS, IRENE
Address: 3591 LANDMARK TR
City-St-Zip: PALM HARBOR, FL 34684

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: WALTER LOEBENBERG

D

02/17/2011

Electronic Signature of Signing Officer or Director

Date