

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Landra B. Murtha
Secretary of State
1900 BANKERS BUILDING
TALLAHASSEE, FLORIDA 32399-0001

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:01

DOCUMENT # **N42531** (6)

1. Corporation Name
THE HOLOCAUST EDUCATIONAL CENTER OF VOLUSIA AND FLAGLER COUNTIES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **1 FLORIDA PARK DRIVE SUITE 110 PALM COAST FL 32137**
Mailing Address: **1 FLORIDA PARK DRIVE SUITE 110 PALM COAST FL 32137**

3. Date Incorporated or Qualified 03/13/1991	3a. Date of Last Report 02/02/1994
4. FEI Number 59-3058593	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent BERNS, BONNIE A. 1 FLORIDA PARK DRIVE SUITE 110 PALM COAST FL 32137	10. Name and Address of New Registered Agent
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code
	FL

11. Pursuant to the provisions of Sections 607.0902 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PTD BERNS, BONNIE A. 1 FLORIDA PARK DR #110 PALM COAST FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY, ST, ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VD SILVERMAN, BEATRICE 444 SEABREEZE BLVD. DAYTONA BEACH FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	SD KAYE, JREENA 315 MAGNOLIA AVENUE GAINESVILLE FL	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY, ST, ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Timothy J. Conner 1 Florida Park Drive North Suite 110 Palm Coast, FL 32137
TITLE NAME STREET ADDRESS CITY, ST, ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY, ST, ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SD Regina Gutierrez 1 Florida Park Drive N. Suite 110 Palm Coast, FL 32137
TITLE NAME STREET ADDRESS CITY, ST, ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joselyn A. Evans*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR

April 24, 1995 904 445-9322
DATE TIME TELEPHONE #