FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 15 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N32543 (3)

1. Corporation Name

TAMPA BAY HOLOCAUST MEMORIAL MUSEUM AND EDUCATIONAL CENTER, INC.

Principal Place of Business	Mailing Address
6529 CENTRAL AVENUE ST. PETERSBURG FL 33710	6529 CENTRAL AVENUE ST. PETERSBURG FL 33710

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/25/1989
3a. Date of Last Report: 01/28/1994
4. FEI Number: 59-2981494 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

SNYDER, D JAY
100 SECOND AVENUE SOUTH
SUITE 400
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	☐ Change ☐ Addition
NAME	LOEBENBERG, WALTER	1.2 NAME	
STREET ADDRESS	6529 CENTRAL AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	GOETZ, JOEL	2.2 NAME	
STREET ADDRESS	113 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MADERIA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MARTIN, PAUL	3.2 NAME	
STREET ADDRESS	6529 CENTRAL AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	DP	4.1 TITLE	☐ Change ☐ Addition
NAME	PERKINS, MARC	4.2 NAME	
STREET ADDRESS	113 ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MADEIRA BCH FL	4.4 CITY-ST-ZIP	
TITLE	DS	5.1 TITLE	☐ Change ☐ Addition
NAME	RIBA, S. DAVID	5.2 NAME	
STREET ADDRESS	113 ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MADEIRA BCH FL	5.4 CITY-ST-ZIP	
TITLE	DT	6.1 TITLE	☐ Change ☐ Addition
NAME	EISENSTADT, DEBORAH	6.2 NAME	
STREET ADDRESS	113 ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	MADEIRA BCH FL	6.4 CITY-ST-ZIP	

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)(i), 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: Walter Loebenberg — March 3rd, 1995 — (813) 392-4678
SIGNATURE AND TYPED OR PRINTED NAME OF MANING OFFICER OR DIRECTOR — Date — Daytime Phone #
Walter Loebenberg

0068031