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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 33710-8412

3. Date Incorporated or Qualified: 05/25/1989
3a. Date of Last Report: 02/09/1996

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

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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 617.0502 and 617.1508, 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 617.0503, 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	☐ DELETE	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	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	GOETZ, JOEL		2.2 NAME	Amy Epstein	
STREET ADDRESS	113 ST		2.3 STREET ADDRESS	5001 113th Street	
CITY-ST-ZIP	MADERIA BEACH FL		2.4 CITY-ST-ZIP	Madeira Beach FL 33708	
TITLE	D	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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		

CR2E037 (9/96)

14. I do 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 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 ENDORSED 01/14/97 (813) 392-4678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0050744
Walter Loebenberg, Chairman